



U.S. Department  
of Transportation

National Highway  
Traffic Safety  
Administration

400 Seventh Street, S.W.  
Washington, D.C. 20590

Dear Crash Data Researchers/Users:

Thank you for choosing crash data from the National Highway Traffic Safety Administration (NHTSA) for your research or other use. The information contained in this motor vehicle crash report is collected, maintained and distributed in accordance with Public Law 89-564. In accordance with this Public Law, NHTSA is required not to release any case information until completion of quality control procedures. These procedures include a review of the case material to extract all names, licenses and registration numbers, non-coded interview material, non-research related researcher comments in the margins, non-factual data, and the production number portion of the vehicle identification number (VIN).

If you requested NHTSA to query its database files in order to identify a specific crash, then that query was made using non-personal descriptors you provided for use in our search. This motor vehicle crash may have been identified from a data search and matches the general, non-personal descriptors you provided, but we cannot confirm that this is the specific crash report you requested.

If you have any questions with regard to the above procedures, please contact the Field Operations Branch, Crash Investigation Division, National Center for Statistics and Analysis at 202-366-4820. Again, please be advised that we cannot confirm that this is the case that you have specifically requested nor can we certify the information to be correct.

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AUTO SAFETY HOTLINE  
(800) 424-9393  
Wash. D.C. Area 366-0123

**CASE SUMMARY**NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEMPSU 08 CASE NO. 130F TYPE OF ACCIDENT Car-Rollover**A. DESCRIPTION OF THE ACCIDENT SEQUENCE AND ACCIDENT PECULIARITIES**

(Provide a summary of the accident sequence as well as any particular event of the accident that is noteworthy. Injury mechanism and vehicle crashworthiness is the focus, not driver culpability. Do not include any personal identifiers.)

V1 was negotiating a curve to the right on a 2 lane roadway. V1 began to rotate clockwise and rolled onto it's left side and then the roof. V1 came to rest on it's roof in it's original travel lane heading towards the right shoulder.

**B. VEHICLE PROFILE(S)**

Vehicle No.	Class of Vehicle	Year/Make/Model	Most Severe Damage Based on Vehicle Inspection		Component Failure
			Damage Plane	Severity Description	
1	Subcompact	87/Yugo/GV	Top	Severe	None

**DO NOT SANITIZE THIS FORM**

### C. PERSON PROFILE(S)

Vehicle No.	Person Role	Seat Position	Restraint Use	Most Severe Injury (TO BE COMPLETED BY ZONE CENTER)			
				Body Region	Injury Type	AIS	Injury Source
1	Driver	Front Left	None	face	contusion	1	w/s header
1	Passenger	Front Right	None				
1	Passenger	2nd Left	None				

#### Body Region

Abdomen  
 Ankle—foot  
 Arm (upper)  
 Back-thoracolumbar spine  
 Brain  
 Chest  
 Ears  
 Eye  
 Elbow  
 Face  
 Forearm  
 Head—skull  
 Heart  
 Kidneys  
 Knee  
 Leg (lower)  
 Liver  
 Lower limbs(s) (whole or unknown part)  
 Mouth  
 Neck—cervical spine  
 Nose

Pelvic—hip  
 Pulmonary—lungs  
 Shoulder  
 Spleen  
 Thigh  
 Thyroid, other endocrine gland  
 Upper limb(s) (whole or unknown part)  
 Vertebrae  
 Whole body  
 Wrist—hand

#### Injury Type

Abrasion  
 Amputation  
 Avulsion  
 Burn  
 Concussion  
 Contusion  
 Crush  
 Detachment, separation  
 Dislocation

Fracture  
 Fracture and dislocation  
 Laceration  
 Other  
 Perforation, puncture  
 Rupture  
 Sprain  
 Strain  
 Total severance, transection  
 Unknown

#### Abbreviated Injury Scale

(1) Minor injury  
 (2) Moderate injury  
 (3) Serious injury  
 (4) Severe injury  
 (5) Critical injury  
 (6) Maximum (untreatable)  
 (7) Injured, unknown severity

**DO NOT SANITIZE THIS FORM**



U.S. Department of Transportation  
National Highway Traffic Safety  
Administration

# ACCIDENT COLLISION DIAGRAM

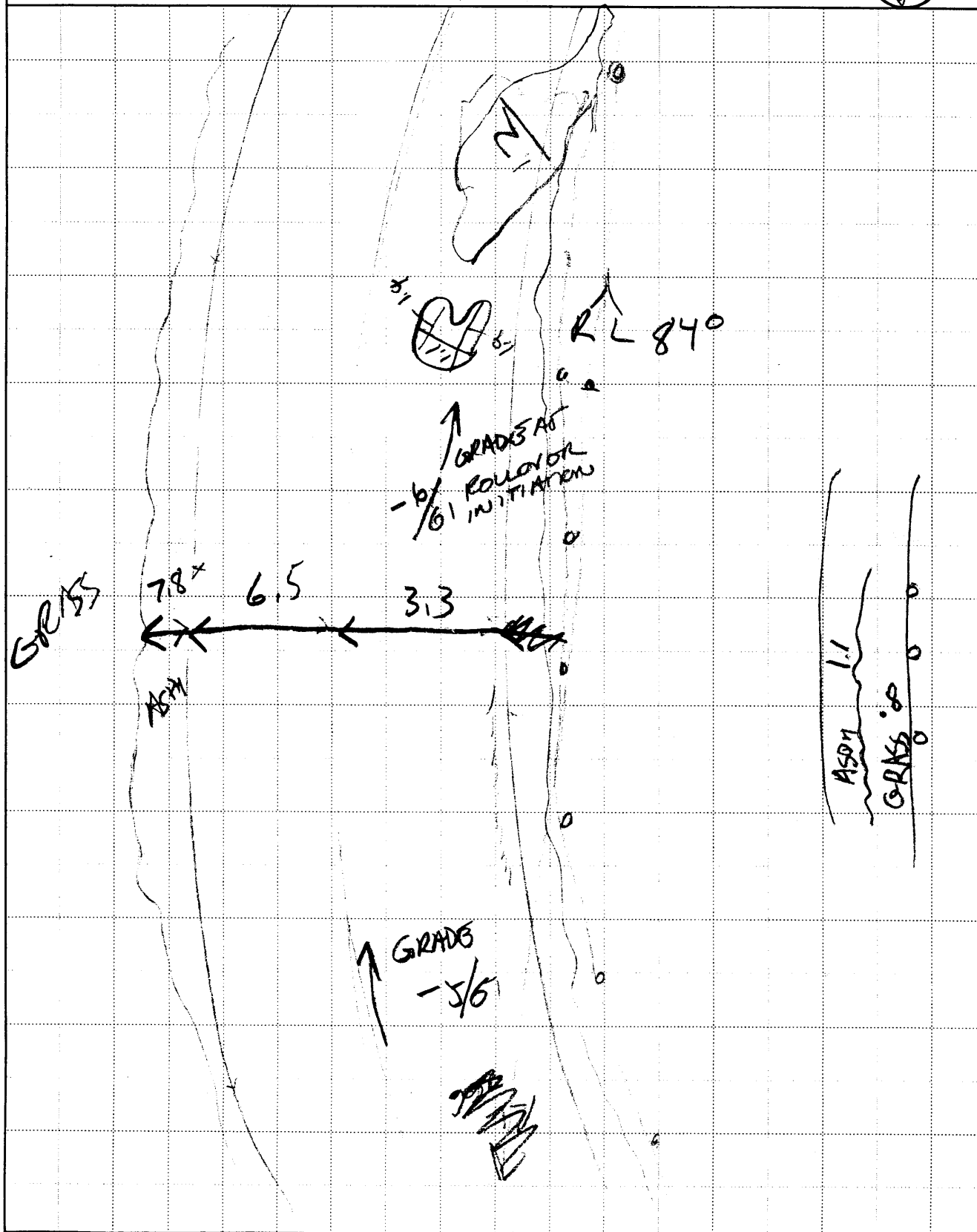
BEST AVAILABLE

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

PSU No. 08

Case Number—Stratum 130F

Indicate  
North









# ACCIDENT COLLISION MEASUREMENT TABLE

BEST AVAILABLE

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

Primary Sampling Unit Number 08

Case Number—Stratum 130F

ACCIDENT COLLISION DIAGRAM		CRASH DATA			
LEVEL I PHYSICAL EVIDENCE ABSENT	LEVEL II (Cont'd) physical evidence is present:	VEH. #1	VEH. #2	VEH. #3	
<p>To be accomplished when there is no physical evidence present at the scene:</p> <ul style="list-style-type: none"> <li>* approximate vehicle orientation at impact and final rest</li> <li>* applicable road/roadway delineation (e.g., curbs/edge lines, lane markings, median markings, pavement markings, etc.)</li> <li>* applicable traffic controls (e.g., speed limit)</li> <li>* north arrow placed on diagram</li> <li>* sketch required</li> </ul>	<p>* document reference point and reference line relative to physical features present at the scene</p> <p>* scaled documentation of all accident induced physical evidence</p> <p>* scaled documentation of all roadside objects contacted</p> <p>* roadway surface type and condition of applicable roadways</p> <p>* grade measurements for all applicable roadways and at location of rollover initiation</p> <p>* scaled representations of the vehicle(s) at pre-impact, impact, and final rest based upon either:</p> <p>a) physical evidence, or</p> <p>b) reconstructed accident dynamics</p>	Heading Angle	<u>345</u>	<u>N/A</u>	<u>N/A</u>
		Surface Type	<u>ASPHALT</u>		
		Surface Condition	<u>DRY</u>		
		Grade (v/h) Measurement (between impact and final rest)	<u>N/A</u>		
		Grade (v/h) Measurement (at location of rollover initiation)	<u>-6/101</u>		
<p>LEVEL II PHYSICAL EVIDENCE PRESENT</p> <p>In addition to the level I tasks noted above, the following must be accomplished when</p>					

Reference Point: 1ST MARKER N. OF MARKER  
570

Reference line: RD TO CENTER OF 9TH  
GUARDRAIL SUPPORT NORTH

Item	Distance and Direction from Reference Point	Distance and Direction from Reference Line
PLOT END 1 <sup>ST</sup> SPILL	3.8 S	4.2 E
" " " "	3.8 S	2.3 E
BEGIN 1 <sup>ST</sup> SPILL	1.8 S	3.5 E
END 2 <sup>ND</sup> SPILL	5.5 S	1.1 E
" " "	8.3 S	.7 E
BEGIN SCUFF	33.8 N	.2 E
INTERMEDIATE SCUFF	28.7 N	.8 E
END SCUFF	25.4 N	1.3 E
PLOT ROAD EDGES	20.1 S	Ø
	25.4 N	1.0 E
	28.7 N	.5 E
	32.0 N	Ø
	33.8 N	.2 W

[illegible]



# ACCIDENT COLLISION MEASUREMENT TABLE

BEST AVAILABLE

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

Primary Sampling Unit Number 08

Case Number—Stratum 130F

## ACCIDENT COLLISION DIAGRAM

### LEVEL I PHYSICAL EVIDENCE ABSENT

To be accomplished when there is no physical evidence present at the scene:

- approximate vehicle orientation at impact and final rest
- applicable road/roadway delineation (e.g., curbs/edge lines, lane markings, median markings, pavement markings, etc.)
- applicable traffic controls (e.g., speed limit)
- north arrow placed on diagram
- sketch required

### LEVEL II PHYSICAL EVIDENCE PRESENT

In addition to the level I tasks noted above, the following must be accomplished when

1ST MARKER N.

### LEVEL II (Cont'd)

physical evidence is present:

- document reference point and reference line relative to physical features present at the scene
- scaled documentation of all accident induced physical evidence
- scaled documentation of all roadside objects contacted
- roadway surface type and condition of applicable roadways
- grade measurements for all applicable roadways and at location of rollover initiation
- scaled representations of the vehicle(s) at pre-impact, impact, and final rest based upon either:
  - a) physical evidence, or
  - b) reconstructed accident dynamics

### CRASH DATA

VEH. #1 VEH. #2 VEH. #3

Heading Angle 345 N/A N/A

Surface Type Asph.

Surface Condition Dry

Grade (v/h) Measurement (between impact and final rest) N/A

Grade (v/h) Measurement (at location of rollover initiation) -6/61

Reference Point: OF MARKER 570 CTR/OT 1ST GUARDRAIL Reference line: RP TO NEXT MARKER  
SUPPORT NOT MARKER 570 9TH CTR OF GUARDRAIL SUPPT N.

Item	Distance and Direction from Reference Point	Distance and Direction from Reference Line
<u>6.2<sup>ND</sup> SPILL</u> <u>AT SH. EXIST.</u>	<u>3.08</u>	<u>4.12</u> <u>E</u>
<u>B 1<sup>ST</sup> SPILL CTR</u>	<u>1.85</u>	<u>3.5</u> <u>E</u>
<u>B 2<sup>ND</sup> SPILL</u>	<u>5.55</u>	<u>1.1</u>
<u>R 2<sup>ND</sup> SPILL</u>	<u>8.13</u>	<u>-7</u>
<u>B SCUFF</u>	<u>4.12</u>	<u>2A</u>
<u>B SCUFF</u>	<u>33.8 N</u>	<u>-2</u>
<u>B SCUFF</u>	<u>28.7 N</u>	<u>.8</u>
<u>PLOT ROAD</u> <u>OGIS LINE</u>	<u>25.4 N</u>	<u>1.0</u>
<u>PLOT " " "</u>	<u>20.5 S</u>	<u>0</u>
<u>" " "</u>	<u>25.14 N</u>	<u>1.0</u>
<u>" " "</u>	<u>28.7 N</u>	<u>.5</u>
<u>" " "</u>	<u>32.0 N</u>	<u>0</u>
<u>" " "</u>	<u>33.8 N</u>	<u>.2 W</u>
<u>" " "</u>	<u>45.12 N</u>	<u>3.0 W</u>
<u>RP</u>	<u>0</u>	<u>0</u>

X 3.8

PLOT

4.25

18 W





## ACCIDENT FORM

1. Primary Sampling Unit Number

2. Case Number - Stratum

### IDENTIFICATION

3. Number of General Vehicle  
Forms Submitted

4. Date of Accident  
(Month, Day, Year)

5. Time of Accident

Code reported military time of accident.

NOTE: Midnight = 2400  
Unknown = 9999

### SPECIAL STUDIES - INDICATORS

Check (✓) each special study (SS14-SS18 below) that has been completed; code 1 for the checked special studies and 0 for the special studies not checked.

6. SS15 Administrative Use

7. SS16 Pedestrian Crash Data Study

8. SS17 Impact Fires

9. SS18

10. SS19

### NUMBER OF EVENTS

11. Number of Recorded Events  
in This Accident

Code the number of events which occurred  
in this accident.

### ACCIDENT EVENTS

For each event that occurred in the accident, code the lowest numbered vehicle in the left columns and the other involved vehicle or object on the right.

Accident Event Sequence Number	Vehicle Number	Class Of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class Of Vehicle	General Area of Damage
12. 0 1	13. 01	14. 01	15. T	16. 31	17. 00	18. N
19. 0 2	20. ____	21. ____	22. ____	23. ____	24. ____	25. ____
26. 0 3	27. ____	28. ____	29. ____	30. ____	31. ____	32. ____
33. 0 4	34. ____	35. ____	36. ____	37. ____	38. ____	39. ____
40. 0 5	41. ____	42. ____	43. ____	44. ____	45. ____	46. ____

IF GREATER THAN FIVE EVENTS, CONTINUE CODING ON THE ACCIDENT EVENT SUPPLEMENT

## CODES FOR CLASS OF VEHICLE

- (00) Not a motor vehicle
- (01) Subcompact/mini (wheelbase < 254 cm)
- (02) Compact (wheelbase ≥ 254 but < 265 cm)
- (03) Intermediate (wheelbase ≥ 265 but < 278 cm)
- (04) Full size (wheelbase ≥ 278 but < 291 cm)
- (05) Largest (wheelbase ≥ 291 cm)
- (09) Unknown passenger car size
- (11) Compact utility vehicle
- (12) Large utility vehicle (≤ 4,500 kgs GVWR)
- (13) Passenger van (≤ 4,500 kgs GVWR)
- (14) Other van (≤ 4,500 kgs GVWR)
- (15) Pickup truck (≤ 4,500 kgs GVWR)
- (18) Other truck (≤ 4,500 kgs GVWR)
- (19) Unknown light truck type
- (20) School bus
- (21) Other bus
- (22) Truck (> 4,500 kgs GVWR)
- (23) Tractor without trailer
- (24) Tractor-trailer(s)
- (25) Motored cycle
- (28) Other vehicle
- (99) Unknown

## CODES FOR GENERAL AREA OF DAMAGE (GAD)

### CDS APPLICABLE AND OTHER VEHICLES

- (O) Not a motor vehicle
- (N) Noncollision
- (F) Front
- (R) Right side
- (L) Left side
- (B) Back
- (T) Top
- (U) Undercarriage
- (9) Unknown

### TDC APPLICABLE VEHICLES

- (O) Not a motor vehicle
- (N) Noncollision
- (F) Front
- (R) Right side
- (L) Left side
- (B) Back of unit with cargo area (rear of trailer or straight truck)
- (D) Back (rear of tractor)
- (C) Rear of cab
- (V) Front of cargo area
- (T) Top
- (U) Undercarriage
- (9) Unknown

## CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

### (01-30) — Vehicle Number

#### Noncollision

- (31) Overturn — rollover
- (32) Fire or explosion
- (33) Jackknife
- (34) Other intraunit damage (specify):

- 
- (35) Noncollision injury
  - (38) Other noncollision (specify):

- 
- (39) Noncollision — details unknown

#### Collision With Fixed Object

- (41) Tree (≤ 10 cm in diameter)
- (42) Tree (> 10 cm in diameter)
- (43) Shrubbery or bush
- (44) Embankment

- 
- (45) Breakaway pole or post (any diameter)

#### Nonbreakaway Pole or Post

- (50) Pole or post (≤ 10 cm in diameter)
- (51) Pole or post (> 10 cm but ≤ 30 cm in diameter)
- (52) Pole or post (> 30 cm in diameter)
- (53) Pole or post (diameter unknown)

- 
- (54) Concrete traffic barrier
  - (55) Impact attenuator
  - (56) Other traffic barrier (includes guardrail) (specify):

- (57) Fence
- (58) Wall
- (59) Building
- (60) Ditch or culvert
- (61) Ground
- (62) Fire hydrant
- (63) Curb
- (64) Bridge
- (68) Other fixed object (specify):

- 
- (69) Unknown fixed object

#### Collision with Nonfixed Object

- (71) Motor vehicle not in-transport
- (72) Pedestrian
- (73) Cyclist or cycle
- (74) Other nonmotorist or conveyance

- 
- (75) Vehicle occupant

- (76) Animal
- (77) Train
- (78) Trailer, disconnected in transport
- (79) Object fell from vehicle in-transport
- (88) Other nonfixed object (specify):

- 
- (89) Unknown nonfixed object

- 
- (98) Other event (specify):

- 
- (99) Unknown event or object

**OCCUPANT RELATED**16. Driver Presence in Vehicle 1

- (0) Driver not present  
(1) Driver present  
(9) Unknown

17. Number of Occupants This Vehicle 03  
(00-96) Code actual number of occupants for this vehicle  
(97) 97 or more  
(99) Unknown

18. Number of Occupant Forms Submitted 03**VEHICLE WEIGHT ITEMS**

19. Vehicle Curb Weight 0830  
Code weight to nearest 10 kilograms.

- (045) Less than 450 kilograms  
(610) 6,100 kilograms or more  
(999) Unknown

\_\_\_\_\_, \_\_\_\_\_ lbs X .4536 = 083 kgs

Source: \_\_\_\_\_

20. Vehicle Cargo Weight 0000  
Code weight to nearest 10 kilograms.

- (000) Less than 5 kilograms  
(450) 4,500 kilograms or more  
(999) Unknown

\_\_\_\_\_, \_\_\_\_\_ lbs X .4536 = \_\_\_\_\_ kgs

**RECONSTRUCTION DATA**21. Towed Trailing Unit 0

- (0) No towed unit  
(1) Yes—towed trailing unit  
(9) Unknown

22. Documentation of Trajectory Data for This Vehicle 0

- (0) No  
(1) Yes

23. Post Collision Condition of Tree or Pole (For Highest Delta V) 0

- (0) Not collision (for highest delta V) with tree or pole  
(1) Not damaged  
(2) Cracked/sheared  
(3) Tilted <45 degrees  
(4) Tilted ≥45 degrees  
(5) Uprooted tree  
(6) Separated pole from base  
(7) Pole replaced  
(8) Other (specify): \_\_\_\_\_

(9) Unknown

24. Rollover 2

- (0) No rollover (no overturning)

*Rollover (primarily about the longitudinal axis)*

- (1) Rollover, 1 quarter turn only  
(2) Rollover, 2 quarter turns  
(3) Rollover, 3 quarter turns  
(4) Rollover, 4 or more quarter turns (specify): \_\_\_\_\_

- (5) Rollover--end-over-end (i.e., primarily about the lateral axis)

- (9) Rollover (overturn), details unknown

**OVERRIDE/UNDERRIDE (THIS VEHICLE)**25. Front Override/Underride (this Vehicle) 026. Rear Override/Underride (this Vehicle) 0

- (0) No override/underride, or not an end-to-end impact

*Override (see specific CDC)*

- (1) 1st CDC  
(2) 2nd CDC  
(3) Other not automated CDC (specify): \_\_\_\_\_

*Underride (see specific CDC)*

- (4) 1st CDC  
(5) 2nd CDC  
(6) Other not automated CDC (specify): \_\_\_\_\_

- (7) Medium/heavy truck or bus override  
(9) Unknown

**HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V**

Values: (000)-(359) Code actual value  
(997) Noncollision  
(998) Impact with object  
(999) Unknown

27. Heading Angle For This Vehicle 99728. Heading Angle For Other Vehicle 997



Category	Configuration	ACCIDENT TYPES (Includes Intent)					
I Single Driver	A Right Roadside Departure	01 DRIVE OFF ROAD	02 CONTROL/ TRACTION LOSS	03 AVOID COLLISION WITH VEH., PED., ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN	
	B Left Roadside Departure	06 DRIVE OFF ROAD	07 CONTROL/ TRACTION LOSS	08 AVOID COLLISION WITH VEH., PED., ANIM.	09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN	
	C Forward Impact	11 PARKED VEH.	12 STA. OBJECT	13 PEDESTRIAN/ ANIMAL	14 END DEPARTURE	15 SPECIFICS OTHER	16 SPECIFICS UNKNOWN
II Same Trafficway Same Direction	D Rear-End	20 STOPPED 21, 22, 23	22 21 23 SLOWER 26, 28, 27	24 25 27	26 25 27 DECEL. 28, 30, 31	28 30 29 31 (EACH - 32) SPECIFICS OTHER	(EACH - 33) SPECIFICS UNKNOWN
	E Forward Impact	34 CONTROL/ TRACTION LOSS	35 CONTROL/ TRACTION LOSS	36 AVOID COLLISION WITH VEH.	37 AVOID COLLISION WITH OBJECT	38 SPECIFICS OTHER	39 SPECIFICS UNKNOWN
	F Sideswipe Angle	44 45	46 47	(EACH - 48) SPECIFICS OTHER	(EACH - 49) SPECIFICS UNKNOWN		
III Same Trafficway Opposite Direction	G Head-On	50 LATERAL MOVE	51 (EACH - 62) SPECIFICS OTHER	(EACH - 63) SPECIFICS UNKNOWN			
	H Forward Impact	54 CONTROL/ TRACTION LOSS	55 CONTROL/ TRACTION LOSS	56 AVOID COLLISION WITH VEH.	57 AVOID COLLISION WITH OBJECT	58 SPECIFICS OTHER	59 SPECIFICS UNKNOWN
	I Sideswipe Angle	64 LATERAL MOVE	65 (EACH - 66) SPECIFICS OTHER	(EACH - 67) SPECIFICS UNKNOWN			
IV Change Trafficway Vehicle Turning	J Turn Across Path	68 INITIAL OPPOSITE DIRECTIONS	69 INITIAL SAME DIRECTIONS	70 71 72 73	(EACH - 74) SPECIFICS OTHER	(EACH - 75) SPECIFICS UNKNOWN	
	K Turn Into Path	74 TURN INTO SAME DIRECTION	75 TURN INTO OPPOSITE DIRECTIONS	76 77 78 79	(EACH - 84) SPECIFICS OTHER	(EACH - 85) SPECIFICS UNKNOWN	
V Intersecting Paths (Vehicle Damage)	L Straight Paths	80 81	82 83	(EACH - 80) SPECIFICS OTHER	(EACH - 81) SPECIFICS UNKNOWN		
VI Miscellaneous	M Backing Etc.	84 BACKING VEH.	85 OTHER VEH. OR OBJECT	86 Other Accident Type	87 Unknown Accident Type	88 No Impact	

### OTHER DATA

56. Driver's Zip Code \_\_\_\_\_

- (00000) Driver not present  
 (00001) Driver not a resident of U.S. or territories  
       Code actual 5-digit zip code  
 (99999) Unknown

57. Driver's Race/Ethnic Origin 9

- (0) Driver not present  
 (1) White (non-Hispanic)  
 (2) Black (non-Hispanic)  
 (3) White (Hispanic)  
 (4) Black (Hispanic)  
 (5) American Indian, Eskimo or Aleut  
 (6) Asian or Pacific Islander  
 (8) Other (specify): \_\_\_\_\_  
 (9) Unknown

58. Vehicle Special Use (This Trip) 0

- (0) No special use  
 (1) Taxi  
 (2) Vehicle used as school bus  
 (3) Vehicle used as other bus  
 (4) Military  
 (5) Police  
 (6) Ambulance  
 (7) Fire truck or car  
 (8) Other (specify): \_\_\_\_\_  
 (9) Unknown

### ROLLOVER DATA

If GV07 (Body Type)  $\neq$  1-49, leave GV59-GV63 blank.  
 If GV24 (Rollover) = 0, then GV59-GV63 must equal 0.  
 If GV24 = 9, then GV59-GV63 must equal 9.

59. Rollover Initiation Type 3

- (0) No rollover  
 (1) Trip-over  
 (2) Flip-over  
 (3) Turn-over  
 (4) Climb-over  
 (5) Fall-over  
 (6) Bounce-over  
 (7) Collision with another vehicle  
 (8) Other rollover initiation type specify): \_\_\_\_\_  
 (9) Unknown rollover initiation type

60. Location of Rollover Initiation 1

- (0) No rollover  
 (1) On roadway  
 (2) On shoulder—paved  
 (3) On shoulder—unpaved  
 (4) On roadside or divided trafficway median  
 (9) Unknown

61. Rollover Initiation Object Contacted 31

62. Location on Vehicle Where Initial Principal Tripping Force Is Applied 8

- (0) No rollover  
 (1) Wheels/tires  
 (2) Side plane  
 (3) End plane  
 (4) Undercarriage  
 (5) Other location on vehicle (specify): \_\_\_\_\_  
 (8) Non-contact rollover forces (specify):  
       CENTRIFUGAL FORCE  
 (9) Unknown

63. Direction of Initial Roll 2

- (0) No rollover  
 (1) Roll right - primarily about the longitudinal axis  
 (2) Roll left - primarily about the longitudinal axis  
 (5) End-over-end (i.e., primarily about the lateral axis)  
 (9) Unknown roll direction

### PRECRASH DATA

64. Pre-Event Movement (Prior to Recognition of Critical Event) 13

- (01) Going straight  
 (02) Slowing or stopping in traffic lane  
 (03) Starting in traffic lane  
 (04) Stopped in traffic lane  
 (05) Passing or overtaking another vehicle  
 (06) Disabled or parked in travel lane  
 (07) Leaving a parking position  
 (08) Entering a parking position  
 (09) Turning right  
 (10) Turning left  
 (11) Making a U-turn  
 (12) Backing up (other than for parking position)  
 (13) Negotiating a curve  
 (14) Changing lanes  
 (15) Merging  
 (16) Successful avoidance maneuver to a previous critical event  
 (97) Other (specify): \_\_\_\_\_  
 (98) No driver present  
 (99) Unknown

## CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

- (00) No rollover
- (01-30) — Vehicle Number

### Noncollision

- (31) Turn-over — fall-over
- (33) Jackknife

### Collision With Fixed Object

- (41) Tree ( $\leq 10$  cm in diameter)
- (42) Tree ( $> 10$  cm in diameter)
- (43) Shrubbery or bush
- (44) Embankment

- (45) Breakaway pole or post (any diameter)

### Nonbreakaway Pole or Post

- (50) Pole or post ( $\leq 10$  cm in diameter)
- (51) Pole or post ( $> 10$  cm but  $\leq 30$  cm in diameter)
- (52) Pole or post ( $> 30$  cm in diameter)
- (53) Pole or post (diameter unknown)

- (54) Concrete traffic barrier
- (55) Impact attenuator
- (56) Other traffic barrier (includes guardrail)  
(specify): \_\_\_\_\_

- (57) Fence
- (58) Wall
- (59) Building
- (60) Ditch or culvert
- (61) Ground
- (62) Fire hydrant
- (63) Curb
- (64) Bridge
- (68) Other fixed object (specify): \_\_\_\_\_

- (69) Unknown fixed object \_\_\_\_\_

### Collision with Nonfixed Object

- (71) Motor vehicle not in-transport
- (76) Animal
- (77) Train
- (78) Trailer, disconnected in transport
- (79) Object fell from vehicle in-transport
- (88) Other nonfixed object (specify): \_\_\_\_\_

- (89) Unknown nonfixed object \_\_\_\_\_

- (98) Other event (specify): \_\_\_\_\_

- (99) Unknown event or object \_\_\_\_\_

## EXTERIOR VEHICLE FORM

**NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM**

1. Primary Sampling Unit Number	<u>08</u>	3. Vehicle Number	<u>01</u>
2. Case Number - Stratum	<u>130F</u>		

## VEHICLE IDENTIFICATION

VIN VX1BA1212HK Model Year 87  
Vehicle Make (specify): YUGO Vehicle Model (specify): GV

## LOCATOR

**Locate the end of the damage with respect to the vehicle longitudinal center line or bumper corner for end impacts or an undamaged axle for side impacts.**

Specific Impact No.	Location of Direct Damage	Location of Field L
1	Roll-over TOP	N/A Roll-over

### CRUSH PROFILE IN CENTIMETERS

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

**Measure and document on the vehicle diagram the location of maximum crush.**

**Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.**

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile.

[illegible]

# ORIGINAL SPECIFICATIONS WORK SHEET

Wheelbase	<u>84.7</u>	inches	x 2.54	=	<u>215</u>	cm
Overall Length	<u>139.0</u>	inches	x 2.54	=	<u>353</u>	cm
Maximum Width	<u>60.7</u>	inches	x 2.54	=	<u>154</u>	cm
Curb Weight	<u>1,832</u>	pounds	x .4536	=	<u>831</u>	kg
Average Track	<u>51.7</u>	inches	x 2.54	=	<u>131</u>	cm
Front Overhang	— — —	inches	x 2.54	=	— — —	cm
Rear Overhang	— — —	inches	x 2.54	=	— — —	cm
Undeformed End Width	— — —	inches	x 2.54	=	— — —	cm
Engine Size: cyl./displ.	— — — —	cc	x .001	=	<u>4/1.1</u>	L
	— — —	CID	x .0164	=	— — —	L



## CODES FOR OBJECT CONTACTED

(99) Unknown event or object

[illegible]

**COLLISION DEFORMATION CLASSIFICATION****HIGHEST DELTA "V"**

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>01</u>	5. <u>31</u>	6. <u>00</u>	7. <u>T</u>	8. <u>Y</u>	9. <u>D</u>	10. <u>O</u>	11. <u>03</u>

**Second Highest Delta "V"**

12. \_\_\_\_\_ 13. \_\_\_\_\_ 14. \_\_\_\_\_ 15. \_\_\_\_\_ 16. \_\_\_\_\_ 17. \_\_\_\_\_ 18. \_\_\_\_\_ 19. \_\_\_\_\_

**CRUSH PROFILE IN CENTIMETERS**

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

**HIGHEST DELTA "V"**

20. <u>L</u>	21. <u>C<sub>1</sub></u>	<u>C<sub>2</sub></u>	<u>C<sub>3</sub></u>	<u>C<sub>4</sub></u>	<u>C<sub>5</sub></u>	<u>C<sub>6</sub></u>	22. <u>±D</u>
							+
							-

**Second Highest Delta "V"**

23. <u>L</u>	24. <u>C<sub>1</sub></u>	<u>C<sub>2</sub></u>	<u>C<sub>3</sub></u>	<u>C<sub>4</sub></u>	<u>C<sub>5</sub></u>	<u>C<sub>6</sub></u>	25. <u>±D</u>
							+
							-

26. Are CDCs Documented but Not Coded on The Automated File?  
(0) No  
(1) Yes

0

27. Researcher's Assessment of Vehicle Disposition  
(0) Not towed due to vehicle damage  
(1) Towed due to vehicle damage  
(9) Unknown

1

28. Original Wheelbase \_\_\_\_\_ Code to the nearest centimeter  
(999) Unknown

215

\_\_\_\_\_ inches X 2.54 = \_\_\_\_\_ centimeters



<p>29. Is This A Multi-Stage Manufactured Vehicle And/Or A Certified Altered Vehicle? <u>0</u></p> <p>(0) No post manufacturer modifications</p> <p>(1) Yes - post manufacturer modifications (specify): _____</p> <p>_____          (Include photograph of CERTIFICATION PLACARD in case report)</p> <p>(9) Unknown if vehicle is modified</p>	<p>34. Fuel Tank-1 Location <u>6</u></p> <p>35. Fuel Tank-2 Location <u>0</u></p> <p>(0) No fuel tank</p> <p>(1) Aft of center of the rear wheels (rear axle) centered</p> <p>(2) Aft of center of the rear wheels (rear axle) left side</p> <p>(3) Aft of center of the rear wheels (rear axle) right side</p> <p>(4) Forward of center of the rear wheels (rear axle) centered</p> <p>(5) Forward of center of the rear wheels (rear axle) left side</p> <p>(6) Forward of center of the rear wheels (rear axle) right side</p> <p>(7) Over center of the rear wheels (rear axle)</p> <p>(8) Other (specify): _____</p> <p>(9) Unknown</p>
<p>30. Fire Occurrence <u>0</u></p> <p>(0) No fire</p> <p>Yes, fire occurred</p> <p>(1) Minor</p> <p>(2) Major</p> <p>(9) Unknown</p>	
<p>31. Origin of Fire <u>0</u></p> <p>(0) No fire</p> <p>(1) Vehicle exterior (front, side, back, top)</p> <p>(2) Exhaust system</p> <p>(3) Fuel tank (and other fuel retention system parts)</p> <p>(4) Engine compartment</p> <p>(5) Cargo/trunk compartment</p> <p>(6) Instrument panel</p> <p>(7) Passenger compartment area</p> <p>(8) Other location (specify): _____</p> <p>(9) Unknown</p>	<p>36. Fuel Tank-1 Filler Cap Location <u>5</u></p> <p>37. Fuel Tank-2 Filler Cap Location <u>0</u></p> <p>(0) No fuel tank</p> <p>(1) On back plane</p> <p>(2) Aft of center of the rear wheels (rear axle) on left side plane</p> <p>(3) Aft of center of the rear wheels (rear axle) on right side plane</p> <p>(4) Forward of center of the rear wheels (rear axle) on left side plane</p> <p>(5) Forward of center of the rear wheels (rear axle) on right side plane</p> <p>(6) Over the center of the rear wheels (rear axle) on left side plane</p> <p>(7) Over the center of the rear wheels (rear axle) on right side plane</p> <p>(8) Other (specify): _____</p> <p>(9) Unknown</p>
<p>32. Type of Fuel Tank-1 <u>1</u></p>	
<p>33. Type of Fuel Tank-2 <u>0</u></p> <p>(0) No fuel tank (electrical vehicle)</p> <p>(1) Metallic</p> <p>(2) Non-metallic</p> <p>(9) Unknown</p>	<p>38. Fuel Tank-1 Damage <u>1</u></p> <p>39. Fuel Tank-2 Damage <u>0</u></p> <p>(0) No fuel tank</p> <p>(1) No damage to fuel tank</p> <p>(2) Deformed, no seam failure</p> <p>(3) Deformed, with a seam failure</p> <p>(4) Punctured</p> <p>(5) Lacerated (ripped)</p> <p>(6) Abraded (scraped)</p> <p>(7) Filler neck separation from the fuel tank</p> <p>(8) Other damage (specify): _____</p> <p>(9) Unknown</p>

<p>40. Location of Fuel System-1 Leakage <span style="float: right;"><u>1</u></span></p> <p>41. Location of Fuel System-2 Leakage <span style="float: right;"><u>0</u></span></p> <p style="margin-left: 20px;">(0) No fuel tank (1) No fuel leakage</p> <p style="margin-left: 20px;"><i>Primary Area Of Leakage</i></p> <p style="margin-left: 20px;">(2) Tank (3) Filler neck (4) Cap (5) Lines/pump/filter (6) Vent/emission recovery (8) Other (specify): _____</p> <p style="margin-left: 20px;">(9) Unknown</p> <p>42. Fuel Type-1 <span style="float: right;"><u>01</u></span></p> <p>43. Fuel Type-2 <span style="float: right;"><u>00</u></span></p> <p style="margin-left: 20px;"><i>Single Fuel Type</i></p> <p style="margin-left: 20px;">(00) No fuel tank (01) Gasoline (02) Diesel (03) CNG (Compressed Natural Gas) (04) LPG (Liquid Petroleum Gas) also known as Propane (05) LNG (Liquid Natural Gas) (06) Methanol (M100 or M85) (07) Ethanol (E100 or E85) (08) Other (Hydrogen or others) (specify): _____</p> <p style="margin-left: 20px;">_____ <i>Electric Powered or Electric/Solar Powered Vehicles</i></p> <p style="margin-left: 20px;">(10) Lead Acid Battery (11) Nickel-Iron Battery (12) Nickel-Cadmium Battery (13) Sodium Metal Chloride Battery (14) Sodium Sulfur Battery (18) Other (Specify): _____</p> <p style="margin-left: 20px;">(98) Other Hybrid (specify): _____</p> <p style="margin-left: 20px;">_____ (99) Unknown fuel type</p>	<p>44. Is This Vehicle Equipped With More Than Two Fuel Tanks? <span style="float: right;"><u>0</u></span></p> <p style="margin-left: 20px;">(0) No (one or two tanks only)</p> <p style="margin-left: 20px;"><i>Yes - More Than Two Tanks</i></p> <p style="margin-left: 20px;">(1) Yes -- <u>no damage</u> to any tank or filler cap and <u>no fuel system leakage</u></p> <p style="margin-left: 20px;">(2) Yes -- <u>no damage</u> to any tank or filler cap but <u>there is fuel system leakage</u> (specify leakage location): _____</p> <p style="margin-left: 20px;">(3) Yes -- <u>damage</u> to an additional tank or filler cap and <u>there is fuel system leakage</u> (specify the following):  Type of tank _____  Tank location _____  Filler cap location _____  Tank damage _____  Location of leakage _____  Type of fuel _____</p> <p style="margin-left: 20px;">(9) Unknown if more than two tanks</p> <div style="text-align: center; border: 1px solid black; padding: 5px; margin: 10px 0;"> <b>COMMENTS</b> </div> <div style="border: 1px solid black; height: 150px; margin: 0 0 0 20px;"></div>
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\*\*\* STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED AND WAS NOT AN AOPS \*\*\*  
(I.E., GV09 = 0 OR 9 AND GV36 = 0), DO NOT COMPLETE THE INTERIOR VEHICLE FORM.



U.S. Department of Transportation  
National Highway Traffic Safety  
Administration

## INTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

BEST AVAILABLE

1. Primary Sampling Unit Number 08

2. Case Number - Stratum 130F

3. Vehicle Number 01

### INTEGRITY

4. Passenger Compartment Integrity 12

(00) No integrity loss

Yes, Integrity Was Lost Through

(01) Windshield

(02) Door (side)

(03) Door/hatch (back door)

(04) Roof

(05) Roof glass

(06) Side window

(07) Rear window (backlight)

(08) Roof and roof glass

(09) Windshield and door (side)

(10) Windshield and roof

(11) Side and rear window (side window and backlight)

(12) Windshield and side window

(13) Door and side window

(98) Other combination of above (specify):

(99) Unknown

### Door, Tailgate or Hatch Opening

5. LF 3 6. RF 3 7. LR 0 8. RR 0 9. TG/H 1

(0) No door/gate/hatch

(1) Door/gate/hatch remained closed and operational

(2) Door/gate/hatch came open during collision

(3) Door/gate/hatch jammed shut

(8) Other (specify):

(9) Unknown

### Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 $\neq$ 2, Then code 0

10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

(0) No door/gate/hatch or door not opened

Door, Tailgate or Hatch Came Open During Collision

(1) Door operational (no damage)

(2) Latch/striker failure due to damage

(3) Hinge failure due to damage

(4) Door structure failure due to damage

(5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage

(6) Latch/striker and hinge failure due to damage

(8) Other failure (specify):

(9) Unknown

### GLAZING

#### Glazing Damage from Impact Forces

15. WS 6 16. LF 6 17. RF 6 18. LR 8 19. RR 8

20. BL 0 21. Roof 8 22. Other 0

(0) No glazing damage from impact forces

(2) Glazing in place and cracked from impact forces

(3) Glazing in place and holed from impact forces

(4) Glazing out-of-place (cracked or not) and not holed from impact forces

(5) Glazing out-of-place and holed from impact forces

(6) Glazing disintegrated from impact forces

(7) Glazing removed prior to accident

(8) No glazing

(9) Unknown if damaged

#### Glazing Damage from Occupant Contact

23. WS 0 24. LF 0 25. RF 0 26. LR 0 27. RR 0

28. BL 0 29. Roof 0 30. Other 0

(0) No occupant contact to glazing or no glazing

(1) Glazing contacted by occupant but no glazing damage

(2) Glazing in place and cracked by occupant contact

(3) Glazing in place and holed by occupant contact

(4) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact

(5) Glazing out-of-place by occupant contact and holed by occupant contact

(6) Glazing disintegrated by occupant contact

(9) Unknown if contacted by occupant

If No Glazing Damage *And* No Occupant Contact or No Glazing, Then Code IV31 Through IV46 As 0

#### Type of Window/Windshield Glazing

31. WS 1 32. LF 2 33. RF 2 34. LR 0 35. RR 0

36. BL 0 37. Roof 0 38. Other 0

(0) No glazing contact and no damage, or no glazing

(1) AS-1 - Laminated

(2) AS-2 - Tempered

(3) AS-3 - Tempered-tinted

(4) AS-14 - Glass/Plastic

(8) Other (specify):

(9) Unknown

#### Window Precrash Glazing Status

39. WS 1 40. LF 3 41. RF 2 42. LR 0 43. RR 0

44. BL 0 45. Roof 0 46. Other 0

(0) No glazing contact and no damage, or no glazing

(1) Fixed

(2) Closed

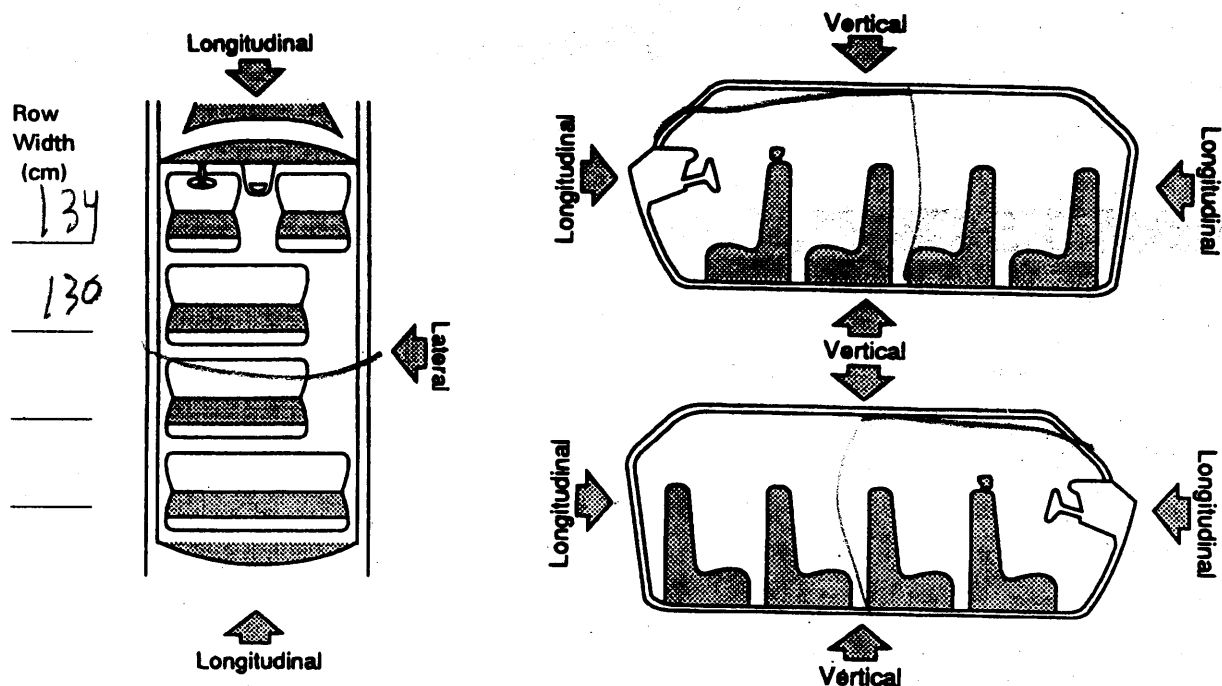
(3) Partially opened

(4) Fully opened

(9) Unknown

## INTRUSION WORKSHEET

Note: Sketch intruded areas



LOCATION OF INTRUSION	INTRUDED COMPONENT	(All Measurements Are In Centimeters)				DOMINANT CRUSH DIRECTION
		COMPARISON VALUE	INTRUDED VALUE	INTRUSION		
1-3	W/S HEADREST	97	87	10		VERT
1-1	W/S HEADREST	97	87	10		VERT
1-1	DOOR PANEL	64	64	0		
1-2	ROOF	104	102	2		VERT
2-3	B PILLAR	54	54	0		LAT
2-3	DOOR PANEL	65	65	0		LAT
2-2	ROOF	106	104	2		VERT

Document no more than the 15 most severe intrusions

## OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. <u>1</u> <u>1</u>	48. <u>1</u> <u>5</u>	49. <u>2</u>	50. <u>1</u>
2nd	51. <u>1</u> <u>3</u>	52. <u>1</u> <u>5</u>	53. <u>2</u>	54. <u>1</u>
3rd	55. <u>1</u> <u>2</u>	56. <u>1</u> <u>2</u>	57. <u>1</u>	58. <u>1</u>
4th	59. <u>2</u> <u>2</u>	60. <u>1</u> <u>2</u>	61. <u>1</u>	62. <u>1</u>
5th	63. _____	64. _____	65. _____	66. _____
6th	67. _____	68. _____	69. _____	70. _____
7th	71. _____	72. _____	73. _____	74. _____
8th	75. _____	76. _____	77. _____	78. _____
9th	79. _____	80. _____	81. _____	82. _____
10th	83. _____	84. _____	85. _____	86. _____

## LOCATION OF INTRUSION

Front Seat  
 (11) Left  
 (12) Middle  
 (13) Right

Second Seat  
 (21) Left  
 (22) Middle  
 (23) Right

Third Seat  
 (31) Left  
 (32) Middle  
 (33) Right

Fourth Seat  
 (41) Left  
 (42) Middle  
 (43) Right

(97) Catastrophic  
 (98) Other enclosed area (specify)

(99) Unknown

## INTRUDING COMPONENT

## Interior Components

- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A (A1/A2)-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Door panel (side)
- (12) Roof (or convertible top)
- (13) Roof side rail
- (14) Windshield
- (15) Windshield header
- (16) Window frame
- (17) Floor pan (includes sill)
- (18) Backlight header
- (19) Front seat back
- (20) Second seat back
- (21) Third seat back
- (22) Fourth seat back
- (23) Fifth seat back
- (24) Seat cushion
- (25) Back door/panel (e.g., tailgate)
- (26) Other interior component (specify): \_\_\_\_\_

- (27) Side panel - forward of the A (A2)-pillar
- (28) Side panel - rear of the A (A2)-pillar

## Exterior Components

- (30) Hood
- (31) Outside surface of this vehicle (specify): \_\_\_\_\_
- (32) Other exterior object in the environment (specify): \_\_\_\_\_
- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify): \_\_\_\_\_
- (99) Unknown

## MAGNITUDE OF INTRUSION

- (1)  $\geq 3$  centimeters but  $< 8$  centimeters
- (2)  $\geq 8$  centimeters but  $< 15$  centimeters
- (3)  $\geq 15$  centimeters but  $< 30$  centimeters
- (4)  $\geq 30$  centimeters but  $< 46$  centimeters
- (5)  $\geq 46$  centimeters but  $< 61$  centimeters
- (6)  $\geq 61$  centimeters
- (7) Catastrophic
- (9) Unknown

## DOMINANT CRUSH DIRECTION

- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

STEERING RIM/SPOKE DEFORMATION

(All Measurements Are in Centimeters)

COMPARISON VALUE	—	DAMAGE VALUE	=	DEFORMATION
	—		=	
	—		=	
	—		=	
	—		=	

**STEERING COLUMN**87. Steering Column Type 1

- (1) Fixed column  
 (2) Tilt column  
 (3) Telescoping column  
 (4) Tilt and telescoping column  
 (8) Other column type (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

88. Blank X X

(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.

89. Blank X X X

(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.

90. Blank X X X

(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.

91. Blank X X X

(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.

92. Steering Rim/Spoke Deformation 00

Code actual measured deformation to the nearest centimeter  
 (00) No steering rim deformation  
 (01-14) Actual measured value in centimeters  
 (15) 15 centimeters or more  
 (98) Observed deformation cannot be measured  
 (99) Unknown

93. Location of Steering Rim/Spoke Deformation 00

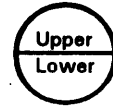
(00) No steering rim deformation

*Quarter Sections*

- (01) Section A  
 (02) Section B  
 (03) Section C  
 (04) Section D

*Half Sections*

- (05) Upper half of rim/spoke  
 (06) Lower half of rim/spoke  
 (07) Left half of rim/spoke  
 (08) Right half of rim/spoke



- (09) Complete steering wheel collapse  
 (10) Undetermined location  
 (99) Unknown

**INSTRUMENT PANEL**94. Odometer Reading 047,000

\_\_\_\_\_ kilometers—Code to the nearest 1,000 kilometers

- (000) No odometer  
 (001) Less than 1,500 kilometers  
 (500) 499,500 kilometers or more  
 (999) Unknown

29.088 miles X 1.6093 = 46811 kilometers

Source: \_\_\_\_\_

95. Instrument Panel Damage from Occupant Contact? 9

- (0) No  
 (1) Yes  
 (9) Unknown

96. Knee Bolsters Deformed from Occupant Contact? 8

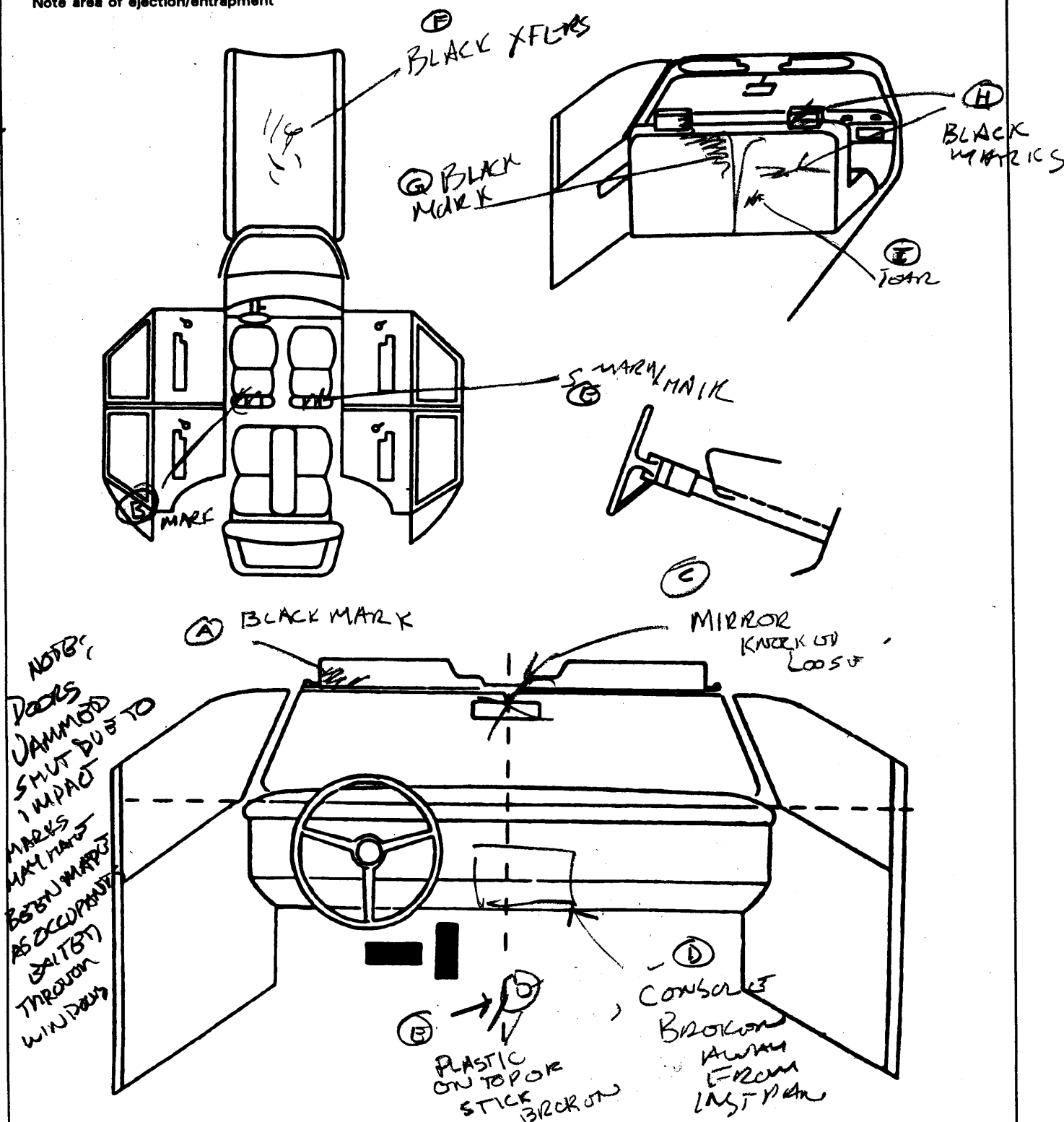
- (0) No  
 (1) Yes  
 (8) Not present  
 (9) Unknown

97. Did Glove Compartment Door Open During Collision(s)? 8

- (0) No  
 (1) Yes  
 (8) Not present  
 (9) Unknown

## VEHICLE INTERIOR SKETCHES

**Note area of ejection/entrapment**



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).

**Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.**

**Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.**



## POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	03	1	HEAD?	MARK ON VISOR	2
B	44	1	HEAD	MARK ON SEATBACK	2
C	02	2		MIRROR BROKEN OFF OF W/S	2
D	10	2	LEG	INSTRUMENT PANEL DAMAGED	2
E	44	2	HEAD	MARK ON SEATBACK	2
F	54	3	HEAD	MARKS ON ROOF	2
G	40	3	ARMS CHEST	MARKS ON SEATBACK	2
H	40	3	ARMS CHEST	MARKS ON SEATBACK	2
I	40	3	LEGS	TEAR ON SEATBACK	2
J					
K					
L					
M					
N					

## CODES FOR INTERIOR COMPONENTS

## FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (16) Driver side air bag compartment cover
- (17) Passenger side air bag compartment cover
- (18) Windshield reinforced by exterior object (specify): \_\_\_\_\_
- (19) Other front object (specify): \_\_\_\_\_

## LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar

- (23) Left B-pillar

- (24) Other left pillar (specify): \_\_\_\_\_

- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify): \_\_\_\_\_

- (28) Left side window sill

## RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A (A1/A2)-pillar
- (33) Right B-pillar
- (34) Other right pillar (specify): \_\_\_\_\_
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B pillar, or roof side rail.
- (37) Other right side object (specify): \_\_\_\_\_
- (38) Right side window sill

## INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify): \_\_\_\_\_
- (44) Head restraint system
- (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)

- (46) Other occupants (specify): \_\_\_\_\_

- (47) Interior loose objects

- (48) Child safety seat (specify): \_\_\_\_\_

- (49) Other interior object (specify): \_\_\_\_\_

## ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

## FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

## REAR

- (60) Backlight (rear window)
- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): \_\_\_\_\_

## CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

## AUTOMATIC RESTRAINTS

**NOTES:** Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

### AIR BAGS

		Left	Right
F I R S T	Availability/Function		
	Deployment		
	Failure		

#### Air Bag System Availability/Function

- (0) Not equipped/not available  
(1) Air bag

#### Non-functional

- (2) Air bag disconnected (specify):  
\_\_\_\_\_  
(3) Air bag not reinstalled  
(9) Unknown

#### Air Bag System Deployment

- (0) Not equipped/not available  
(1) Air bag deployed during accident (as a result of impact)  
(2) Air bag deployed inadvertently just prior to accident  
(3) Air bag deployed, accident sequence undetermined  
(4) Nondeployed  
(5) Unknown if deployed  
(6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion electrical)  
(9) Unknown

#### Are There Indications of Air Bag System Failure?

- (0) Not equipped/not available  
(1) No  
(2) Yes (specify):  
\_\_\_\_\_  
(9) Unknown

### AUTOMATIC BELTS

		Left	Right
F I R S T	Availability/Function		
	Use		
	Type		
	Proper Use		
	Failure Modes		

#### Automatic (Passive) Belt System Availability/Function

- (0) Not equipped/not available  
(1) 2 point automatic belts  
(2) 3 point automatic belts  
(3) Automatic belts - type unknown

#### Non-functional

- (4) Automatic belts destroyed or rendered inoperative  
(9) Unknown

#### Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative  
(1) Automatic belt in use  
(2) Automatic belt not in use (manually disconnected, motorized track inoperative)  
(3) Automatic belt use unknown  
(9) Unknown

#### Automatic (Passive) Belt System Type

- (0) Not equipped/not available  
(1) Non-motorized system  
(2) Motorized system  
(9) Unknown

#### Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used  
(1) Automatic belt used properly  
(2) Automatic belt used properly with child safety seat

#### Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm  
(4) Automatic shoulder belt worn behind back  
(5) Automatic belt worn around more than one person  
(6) Lap portion of automatic belt worn on abdomen  
(7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):  
\_\_\_\_\_  
(8) Other improper use of automatic belt system (specify):  
\_\_\_\_\_  
(9) Unknown

#### Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use  
(1) No automatic belt failure(s)  
(2) Torn webbing (stretched webbing not included)  
(3) Broken buckle or latchplate  
(4) Upper anchorage separated  
(5) Other anchorage separated (specify):  
\_\_\_\_\_  
(6) Broken retractor  
(7) Combination of above (specify):  
\_\_\_\_\_  
(8) Other automatic belt failure (specify):  
\_\_\_\_\_  
(9) Unknown

## MANUAL RESTRAINTS

NOTES: Encode the applicable data for **each seat position** in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

If a Child safety seat is present, encode the data on the back of this page.

If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous page.

		Left	Center	Right
FIRST	Availability	4		4
	Evidence of usage	04		04
	Used in this crash?	00		00
	Proper Use	00		00
	Failure Modes	00		00
SECOND	Availability	3		3
	Evidence of usage	00		00
	Used in this crash?	00		00
	Proper Use	00		00
	Failure Modes	00		00
OTHER	Availability			
	Evidence of usage			
	Used in this crash?			
	Proper Use			
	Failure Modes			

**Manual (Active) Belt System Availability**

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available - type unknown

**Integral Belt Partially Destroyed**

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): \_\_\_\_\_

(9) Unknown

**Manual (Active) Belt System Use**

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify): \_\_\_\_\_

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used - type unknown
- (08) Other belt used (specify): \_\_\_\_\_

(12) Shoulder belt used with child safety seat

(13) Lap belt used with child safety seat

(14) Lap and shoulder belt used with child safety seat

(15) Belt used with child safety seat - type unknown

(18) Other belt used with child safety seat (specify): \_\_\_\_\_

(99) Unknown if belt used

**Proper Use of Manual (Active) Belts**

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

**Belt Used Improperly**

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): \_\_\_\_\_

(8) Other improper use of manual belt system (specify): \_\_\_\_\_

(9) Unknown

**Manual (Active) Belt Failure Modes During Accident**

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): \_\_\_\_\_

(6) Broken retractor

(7) Combination of above (specify): \_\_\_\_\_

(8) Other manual belt failure (specify): \_\_\_\_\_

(9) Unknown

# CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

Occupant Number						
1. Type of Child Safety Seat						
2. Child Safety Seat Orientation						
3. Child Safety Seat Harness Usage						
4. Child Safety Seat Shield Usage						
5. Child Safety Seat Tether Usage						
6. Child Safety Seat Make/Model	Specify Below for Each Child Safety Seat					

## 1. Type of Child Safety Seat

- (0) No child safety seat
- (1) Infant seat
- (2) Toddler seat
- (3) Convertible seat
- (4) Booster seat
- (7) Other type child safety seat (specify):

- (8) Unknown child safety seat type
- (9) Unknown if child safety seat used

## 2. Child Safety Seat Orientation

- (00) No child safety seat
- Designed for Rear Facing for This Age/Weight
- (01) Rear facing
- (02) Forward facing
- (08) Other orientation (specify):

- (09) Unknown orientation

Designed for Forward Facing for This Age/Weight

- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify):

- (19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify):

- (29) Unknown orientation

- (99) Unknown if child safety seat used

## 3. Child Safety Seat Harness Usage

## 4. Child Safety Seat Shield Usage

## 5. Child Safety Seat Tether Usage

Note: Options Below Are Used for Variables 3-5.

- (00) No child safety seat

Not Designed with Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used

- (99) Unknown if child safety seat used

## 6. Child Safety Seat Make/Model

(Specify make/model and occupant number)

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## HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
FIRST	Head Restraint Type/Damage	3	/	3
	Seat Type	02	/	02
	Seat Performance	1	/	1
	Seat Orientation	1	/	1
SECOND	Head Restraint Type/Damage	0	0	0
	Seat Type	05	05	05
	Seat Performance	8	8	8
	Seat Orientation	1	1	1
THIRD	Head Restraint Type/Damage	/	/	/
	Seat Type	/	/	/
	Seat Performance	/	/	/
	Seat Orientation	/	/	/
OTHER	Head Restraint Type/Damage	/	/	/
	Seat Type	/	/	/
	Seat Performance	/	/	/
	Seat Orientation	/	/	/

## Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints
- (1) Integral — no damage
- (2) Integral — damaged during accident
- (3) Adjustable — no damage
- (4) Adjustable — damaged during accident
- (5) Add-on — no damage
- (6) Add-on — damaged during accident
- (8) Other Specify: \_\_\_\_\_
- (9) Unknown

## Seat Type (this Occupant Position)

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): \_\_\_\_\_
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

## Seat Performance (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed specify: \_\_\_\_\_
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): \_\_\_\_\_
- (7) Combination of above (specify): \_\_\_\_\_

- (8) Other (specify): SEAT BACK RIGHT SIDE FOLDING HINGE DETACHED FROM SEAT
- (9) Unknown

## Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): \_\_\_\_\_
- (9) Unknown

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE (I.E., UNUSUAL OCCUPANT CONTACT PATTERN)

NONE

**EJECTION/ENTRAPMENT DATA**

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

**EJECTION** No [ ☒ ] Yes [ ☐ ]

Describe indications of ejection and body parts involved in partial ejection(s):

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Occupant Number						
Ejection						
(Note on Vehicle Interior Sketch) Ejection Area						
Ejection Medium						
Medium Status						

**Ejection**

- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, Unknown degree
- (9) Unknown

**Ejection Area**

- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear

**(7) Roof**

- (8) Other area (e.g., back of pickup, etc.) (specify):

- (9) Unknown

**Ejection Medium**

- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):

**(5) Integral structure**

- (8) Other medium (specify):

- (9) Unknown

**Medium Status (Immediately Prior to Impact)**

- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

**ENTRAPMENT** No [ ☒ ] Yes [ ☐ ]

Describe entrapment mechanism:

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Component(s):

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(Note in vehicle interior diagram)



U.S. Department of Transportation  
National Highway Traffic Safety  
Administration

## OCCUPANT ASSESSMENT FORM

BEST AVAILABLE

Form Approved  
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

OCCUPANT'S SEATING	
1. Primary Sampling Unit Number <u>08</u>	10. Occupant's Seat Position <u>11</u>
2. Case Number - Stratum <u>130F</u>	<i>Front Seat</i>
3. Vehicle Number <u>01</u>	(11) Left side
4. Occupant Number <u>01</u>	(12) Middle
(13) Right side	
(14) Other (specify): _____	
(15) On or in the lap of another occupant	
<i>Second Seat</i>	
(21) Left side	
(22) Middle	
(23) Right side	
(24) Other (specify): _____	
(25) On or in the lap of another occupant	
<i>Third Seat</i>	
(31) Left side	
(32) Middle	
(33) Right side	
(34) Other (specify): _____	
(35) On or in the lap of another occupant	
<i>Fourth Seat</i>	
(41) Left side	
(42) Middle	
(43) Right side	
(44) Other (specify): _____	
(45) On or in the lap of another occupant	
(97) In or on unenclosed area	
(98) Other seat (specify): _____	
(99) Unknown	
11. Occupant's Posture <u>9</u>	
(0) Normal posture	
<i>Abnormal posture</i>	
(1) Kneeling or standing on seat	
(2) Lying on or across seat	
(3) Kneeling, standing or sitting in front of seat	
(4) Sitting sideways or turned to talk with another occupant or to look out a rear window	
(5) Sitting on a console	
(6) Lying back in a reclined seat position	
(7) Bracing with feet or hands on a surface in front of seat	
(8) Other abnormal posture (specify): _____	
(9) Unknown	

OCCUPANT'S CHARACTERISTICS	
5. Occupant's Age <u>39</u>	
Code actual age at time of accident.	
(00) Less than one year old (specify by month): _____	
(97) 97 years and older	
(99) Unknown	
6. Occupant's Sex <u>1</u>	
(1) Male	
(2) Female	
(9) Unknown	
7. Occupant's Height <u>999</u>	
Code actual height to the nearest centimeter.	
(999) Unknown	
_____ inches X 2.54 = _____ centimeters	
8. Occupant's Weight <u>999</u>	
Code actual weight to the nearest kilogram.	
(999) Unknown	
_____ pounds X .4536 = _____ kilograms	
9. Occupant's Role <u>1</u>	
(1) Driver	
(2) Passenger	
(9) Unknown	

## EJECTION/ENTRAPMENT

12. Ejection 0

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area 0

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)  
(specify): \_\_\_\_\_
- (9) Unknown

14. Ejection Medium 0

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): \_\_\_\_\_
- (5) Integral structure
- (8) Other medium (specify): \_\_\_\_\_
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) 0

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment 0

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown



## RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

*Integral Belt Partially Destroyed*

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

18. Manual (Active) Belt System Use 00

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): \_\_\_\_\_

(02) Shoulder belt \_\_\_\_\_

(03) Lap belt \_\_\_\_\_

(04) Lap and shoulder belt \_\_\_\_\_

(05) Belt used—type unknown \_\_\_\_\_

(08) Other belt used (specify): \_\_\_\_\_

(12) Shoulder belt used with child safety seat \_\_\_\_\_

(13) Lap belt used with child safety seat \_\_\_\_\_

(14) Lap and shoulder belt used with child safety seat \_\_\_\_\_

(15) Belt used with child safety seat—type unknown \_\_\_\_\_

(18) Other belt used with child safety seat (specify): \_\_\_\_\_

(99) Unknown if belt used \_\_\_\_\_

19. Proper Use of Manual (Active) Belts 0

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

*Belt Used Improperly*

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): \_\_\_\_\_

(8) Other improper use of manual belt system (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

20. Manual (Active) Belt Failure Modes During Accident 0

- (0) No manual belt used
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): \_\_\_\_\_

(6) Broken retractor \_\_\_\_\_

(7) Combination of above (specify): \_\_\_\_\_

(8) Other manual belt failure (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

21. Air Bag System Availability/Function 0

- (0) Not equipped/not available
- (1) Air bag

*Non-functional*

(2) Air bag disconnected (specify): \_\_\_\_\_

(3) Air bag not reinstalled \_\_\_\_\_

(9) Unknown \_\_\_\_\_

22. Air Bag System Deployment 0

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

23. Are There Indications of Air Bag System Failure? 0

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use 9

- (0) None used
- (1) Police did not indicate restraint use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Other or automatic restraint (specify): \_\_\_\_\_

(8) Restrained, type unknown \_\_\_\_\_

(9) Police indicated "unknown"

## HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant  
at This Occupant Position3

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify): \_\_\_\_\_
- (9) Unknown

## 26. Seat Type (this Occupant Position)

02

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): \_\_\_\_\_
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

## 27. Seat Performance (this Occupant Position)

1

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): \_\_\_\_\_
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): \_\_\_\_\_
- (7) Combination of above (specify): \_\_\_\_\_
- (8) Other (specify): \_\_\_\_\_
- (9) Unknown

## CHILD SAFETY SEAT

28. Child Safety Seat Make/Model 000

(000) No child safety seat

Applicable codes are found in your NASS CDS

Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

29. Type of Child Safety Seat 0

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

30. Child Safety Seat Orientation 00

(00) No child safety seat

*Designed for Rear Facing for This Age/Weight*

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

*Designed For Forward Facing for This Age/Weight*

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage 0032. Child Safety Seat Shield Usage 0033. Child Safety Seat Tether Usage 00

Note: Options below applicable to Variables OA31-OA33.

(00) No child safety seat

*Not Designed With Harness/Shield/Tether*

(01) After market harness/shield/tether added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market harness/shield/tether added

(09) Unknown if harness/shield/tether added or used

*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

*Unknown If Designed With Harness/Shield/Tether*

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

## INJURY CONSEQUENCES

34. Injury Severity (Police Rating) 2

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment - Mortality 4

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

*Nonfatal*

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (8) Treatment - other (specify):
- (9) Unknown

36. Type Of Medical Facility (for Initial Treatment) 2

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):
- (9) Unknown

37. Hospital Stay 60

- (00) Not Hospitalized
- Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

38. Working Days Lost 99

- Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

**STOP - GO TO VARIABLE 44 ON PAGE 7****VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER**39. Time to Death 00

- Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
- (00) Not fatal
- (96) Fatal - ruled disease
- (99) Unknown

40. 1st Medically Reported Cause of Death 0041. 2nd Medically Reported Cause of Death 0042. 3rd Medically Reported Cause of Death 00

- Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
- (00) Not fatal or no additional causes
- (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

- (97) Other result (includes fatal ruled disease) (specify):

- (99) Unknown

43. Number of Recorded Injuries for This Occupant 02

- Code the actual number of injuries recorded for this occupant.
- (00) No recorded injuries
- (97) Injured, details unknown
- (99) Unknown if injured

**AUTOMATIC BELT SYSTEM****44. Automatic (Passive) Belt System Availability/Function** 0

- (0) Not equipped/not available  
 (1) 2 point automatic belts  
 (2) 3 point automatic belts  
 (3) Automatic belts - type unknown

*Non-functional*

- (4) Automatic belts destroyed or rendered inoperative  
 (9) Unknown

**45. Automatic (Passive) Belt System Use** 0

- (0) Not equipped/not available/destroyed or rendered inoperative  
 (1) Automatic belt in use  
 (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):  
 (3) Automatic belt use unknown  
 (9) Unknown

**46. Automatic (Passive) Belt System Type** 0

- (0) Not equipped/not available  
 (1) Non-motorized system  
 (2) Motorized system  
 (9) Unknown

**47. Proper Use of Automatic (Passive) Belt System** 0

- (0) Not equipped/not available/not used  
 (1) Automatic belt used properly  
 (2) Automatic belt used properly with child safety seat

*Automatic Belt Used Improperly*

- (3) Automatic shoulder belt worn under arm  
 (4) Automatic shoulder belt worn behind back  
 (5) Automatic belt worn around more than one person  
 (6) Lap portion of automatic belt worn on abdomen  
 (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):

- (8) Other improper use of automatic belt system (specify):  
 (9) Unknown

**48. Automatic (Passive) Belt Failure Modes During Accident** 0

- (0) Not equipped/not available/not in use  
 (1) No automatic belt failure(s)  
 (2) Torn webbing (stretched webbing not included)  
 (3) Broken buckle or latchplate  
 (4) Upper anchorage separated  
 (5) Other anchorage separated (specify):  
 (6) Broken retractor  
 (7) Combination of above (specify):  
 (8) Other automatic belt failure (specify):  
 (9) Unknown

**49. Seat Orientation (this Occupant Position)** 1

- (0) Occupant not seated or no seat  
 (1) Forward facing seat  
 (2) Rear facing seat  
 (3) Side facing seat (inward)  
 (4) Side facing seat (outward)  
 (8) Other (specify):  
 (9) Unknown

**Check the Primary Source Used In Determining Belt Use.**

- [ ] Not equipped/not available/destroyed or rendered inoperative  
☒ Vehicle inspection  
 [ ] Official injury data  
 [ ] Driver/occupant interview  
 [ ] Other (specify):

[ ] Unknown if belt used

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?**

NO [ ] YES ☒

**UPDATE CANDIDATE?**

NO ☒ YES [ ]

**STOP - VARIABLES 50 THROUGH 53 ARE COMPLETED BY THE ZONE CENTER**

### TRAUMA DATA

50. Glasgow Coma Scale (GCS) Score 15  
 (at Medical Facility)  
 (00) Not injured  
 (01) Injured - not treated at medical facility  
 (02) No GCS Score at medical facility  
 (03-15) Code the actual value of the initial GCS Score recorded at medical facility.  
 (97) Injured, details unknown  
 (99) Unknown if injured

51. Was the Occupant Given Blood? 1  
 (1) No - blood not given  
 (2) Yes - blood given  
 (specify units): \_\_\_\_\_  
 (9) Unknown if blood given

52. Arterial Blood Gases (ABG) -  $\text{HCO}_3$  01  
 (00) Not injured  
 (01) Injured, ABGs not measured or reported  
 (02-50) Code the actual value of the  $\text{HCO}_3$   
 (96) ABGs reported,  $\text{HCO}_3$  unknown  
 (97) Injured, details unknown  
 (99) Unknown if injured

### BELT USE DETERMINATION

53. Primary Source of Belt Use Determination 1  
 (0) Not equipped/not available/destroyed or rendered inoperative  
 (1) Vehicle inspection  
 (2) Official injury data  
 (3) Driver/occupant interview  
 (8) Other (specify): \_\_\_\_\_  
 (9) Unknown if belt used



U.S. Department of Transportation  
National Highway Traffic Safety  
Administration

## OCCUPANT INJURY FORM

Form Approved  
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

08

3. Vehicle Number

01

2. Case Number - Stratum

130 F

4. Occupant Number

01

### INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Source of Injury Data	Body Region	A.I.S. - 90				Injury Source	Injury Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number		
		Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity						
1st	5. <u>3</u>	6. <u>2</u>	7. <u>9</u>	8. <u>04</u>	9. <u>02</u>	10. <u>1</u>	11. <u>7</u>	12. <u>50</u>	13. <u>2</u>	14. <u>1</u>	15. <u>01</u>
2nd	16. <u>3</u>	17. <u>1</u>	18. <u>6</u>	19. <u>04</u>	20. <u>06</u>	21. <u>2</u>	22. <u>0</u>	23. <u>50</u>	24. <u>2</u>	25. <u>1</u>	26. <u>01</u>
3rd	27. <u>  </u>	28. <u>  </u>	29. <u>  </u>	30. <u>  </u>	31. <u>  </u>	32. <u>  </u>	33. <u>  </u>	34. <u>  </u>	35. <u>  </u>	36. <u>  </u>	37. <u>  </u>
4th	38. <u>  </u>	39. <u>  </u>	40. <u>  </u>	41. <u>  </u>	42. <u>  </u>	43. <u>  </u>	44. <u>  </u>	45. <u>  </u>	46. <u>  </u>	47. <u>  </u>	48. <u>  </u>
5th	49. <u>  </u>	50. <u>  </u>	51. <u>  </u>	52. <u>  </u>	53. <u>  </u>	54. <u>  </u>	55. <u>  </u>	56. <u>  </u>	57. <u>  </u>	58. <u>  </u>	59. <u>  </u>
6th	60. <u>  </u>	61. <u>  </u>	62. <u>  </u>	63. <u>  </u>	64. <u>  </u>	65. <u>  </u>	66. <u>  </u>	67. <u>  </u>	68. <u>  </u>	69. <u>  </u>	70. <u>  </u>
7th	71. <u>  </u>	72. <u>  </u>	73. <u>  </u>	74. <u>  </u>	75. <u>  </u>	76. <u>  </u>	77. <u>  </u>	78. <u>  </u>	79. <u>  </u>	80. <u>  </u>	81. <u>  </u>
8th	82. <u>  </u>	83. <u>  </u>	84. <u>  </u>	85. <u>  </u>	86. <u>  </u>	87. <u>  </u>	88. <u>  </u>	89. <u>  </u>	90. <u>  </u>	91. <u>  </u>	92. <u>  </u>
9th	93. <u>  </u>	94. <u>  </u>	95. <u>  </u>	96. <u>  </u>	97. <u>  </u>	98. <u>  </u>	99. <u>  </u>	100. <u>  </u>	101. <u>  </u>	102. <u>  </u>	103. <u>  </u>
10th	104. <u>  </u>	105. <u>  </u>	106. <u>  </u>	107. <u>  </u>	108. <u>  </u>	109. <u>  </u>	110. <u>  </u>	111. <u>  </u>	112. <u>  </u>	113. <u>  </u>	114. <u>  </u>

## OCCUPANT INJURY DATA

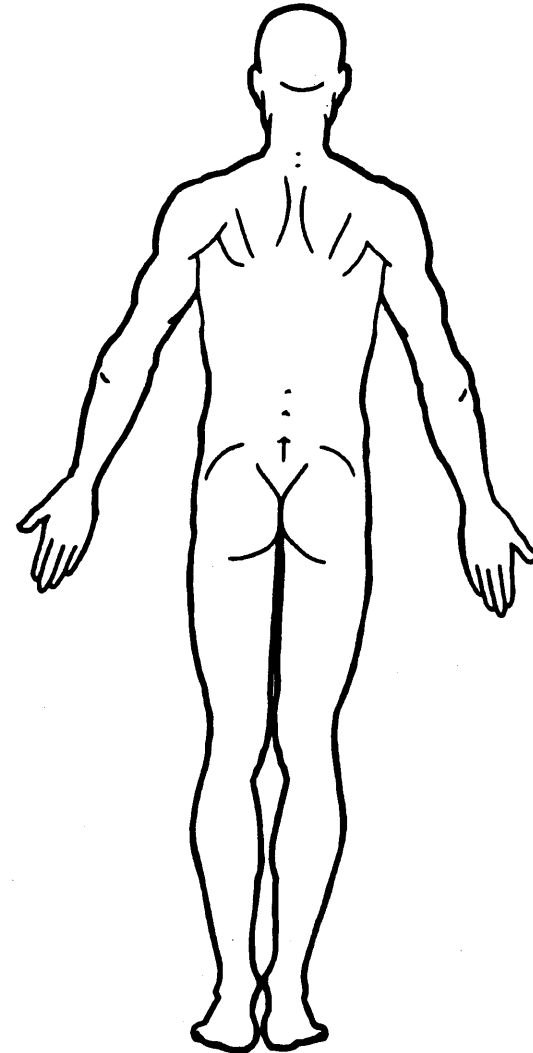
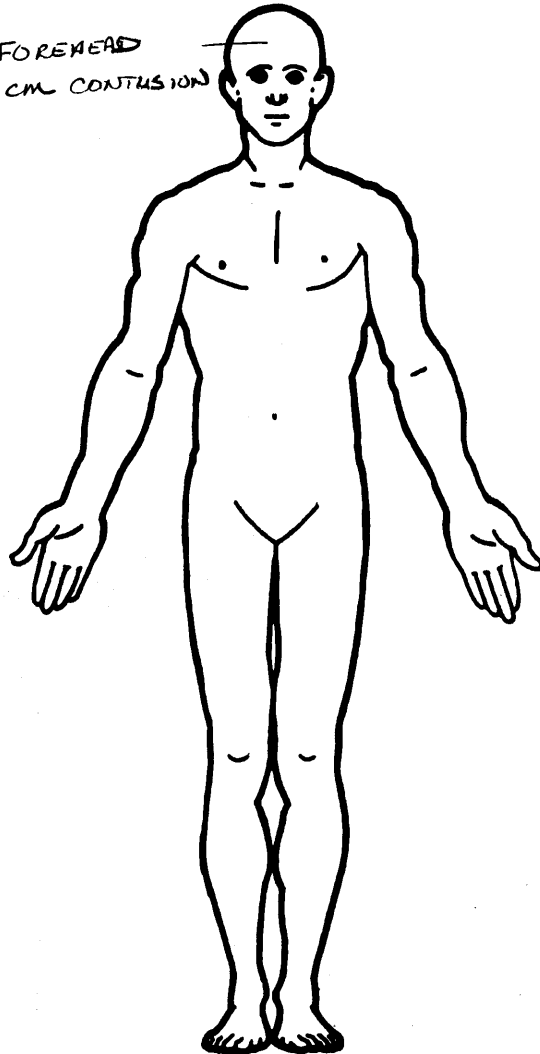
Accident Report Data											
Source of Injury Data	A.I.S. - 90					Aspect	Injury Source	Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion Number	
	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity						
11th	---	---	---	-----	-----	---	---	-----	---	---	-----
12th	---	---	---	-----	-----	---	---	-----	---	---	-----
13th	---	---	---	-----	-----	---	---	-----	---	---	-----
14th	---	---	---	-----	-----	---	---	-----	---	---	-----
15th	---	---	---	-----	-----	---	---	-----	---	---	-----
16th	---	---	---	-----	-----	---	---	-----	---	---	-----
17th	---	---	---	-----	-----	---	---	-----	---	---	-----
18th	---	---	---	-----	-----	---	---	-----	---	---	-----
19th	---	---	---	-----	-----	---	---	-----	---	---	-----
20th	---	---	---	-----	-----	---	---	-----	---	---	-----
21st	---	---	---	-----	-----	---	---	-----	---	---	-----
22nd	---	---	---	-----	-----	---	---	-----	---	---	-----
23rd	---	---	---	-----	-----	---	---	-----	---	---	-----
24th	---	---	---	-----	-----	---	---	-----	---	---	-----
25th	---	---	---	-----	-----	---	---	-----	---	---	-----



## OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

ER:  
RT FOREHEAD  
4 CM CONTUSION



## SOURCE OF INJURY DATA

### OFFICIAL

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

### UNOFFICIAL

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): \_\_\_\_\_
- (9) Police

## INJURY SOURCE

### FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (16) Driver side air bag compartment cover
- (17) Passenger side air bag compartment cover
- (18) Windshield reinforced by exterior object (specify): \_\_\_\_\_
- (19) Other front object (specify): \_\_\_\_\_

### LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar
- (23) Left B-pillar
- (24) Other left pillar (specify): \_\_\_\_\_

- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify): \_\_\_\_\_

- (28) Left side window sill

### RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
  - (31) Right side hardware or armrest
  - (32) Right A (A1/A2)-pillar
  - (33) Right B-pillar
  - (34) Other right pillar (specify): \_\_\_\_\_
  - (35) Right side window glass or frame
  - (36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
  - (37) Other right side object (specify): \_\_\_\_\_
  - (38) Right side window sill
- ### INTERIOR
- (40) Seat, back support
  - (41) Belt restraint webbing/buckle
  - (42) Belt restraint B-pillar or door frame attachment point
  - (43) Other restraint system component (specify): \_\_\_\_\_
  - (44) Head restraint system
  - (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)
  - (46) Other occupants (specify): \_\_\_\_\_
  - (47) Interior loose objects
  - (48) Child safety seat (specify): \_\_\_\_\_
  - (49) Other interior object (specify): \_\_\_\_\_

### ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

### FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

### REAR

- (60) Backlight (rear window)

- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): \_\_\_\_\_

### EXTERIOR OF OCCUPANT'S VEHICLE

- (65) Hood
- (66) Outside hardware (e.g., outside mirror, antenna)
- (67) Other exterior surface or tires (specify): \_\_\_\_\_
- (68) Unknown exterior objects

### EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify): \_\_\_\_\_

- (73) Hood
- (74) Hood ornament
- (75) Windshield, roof rail, A-pillar
- (76) Side surface
- (77) Side mirrors
- (78) Other side protrusions (specify): \_\_\_\_\_

- (79) Rear surface
- (80) Undercarriage
- (81) Tires and wheels
- (82) Other exterior of other motor vehicle (specify): \_\_\_\_\_

- (83) Unknown exterior of other motor vehicle

### OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (84) Ground
- (85) Other vehicle or object (specify): \_\_\_\_\_
- (86) Unknown vehicle or object

### NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify): \_\_\_\_\_
- (93) Air bag exhaust gases
- (97) Injured, unknown source

## INJURY SOURCE CONFIDENCE LEVEL

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

## DIRECT/INDIRECT INJURY

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

## OCCUPANT INJURY CLASSIFICATION

### Body Region

- (1) Head
- (2) Face
- (3) Neck
- (4) Thorax
- (5) Abdomen
- (6) Spine
- (7) Upper Extremity
- (8) Lower Extremity
- (9) Unspecified

### Type of Anatomic Structure

- (1) Whole Area
- (2) Vessels
- (3) Nerves
- (4) Organs (includes muscles/ligaments)
- (5) Skeletal (includes joints)
- (6) Head - LOC
- (9) Skin

### Specific Anatomic Structure

- Whole Area
- (02) Skin - Abrasion
  - (04) Skin - Contusion
  - (06) Skin - Laceration
  - (08) Skin - Avulsion
  - (10) Amputation
  - (20) Burn
  - (30) Crush
  - (40) Degloving
  - (50) Injury - NFS
  - (90) Trauma, other than mechanical

- Head - LOC
- (02) Length of LOC
  - (04, 06, 08) Level of Consciousness
  - (10) Concussion

### Spine

- (02) Cervical
- (04) Thoracic
- (06) Lumbar

Vessels, Nerves, Organs, Bones, Joints are assigned consecutive two digit numbers beginning with 02

### Level of Injury

Specific injuries are assigned consecutive two-digit numbers beginning with 02.

To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.

### Abbreviated Injury Scale

- (1) Minor injury
- (2) Moderate injury
- (3) Serious injury
- (4) Severe injury
- (5) Critical injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity

### Aspect

- (1) Right
- (2) Left
- (3) Bilateral
- (4) Central
- (5) Anterior
- (6) Posterior
- (7) Superior
- (8) Inferior
- (9) Unknown
- (0) Whole region

## OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

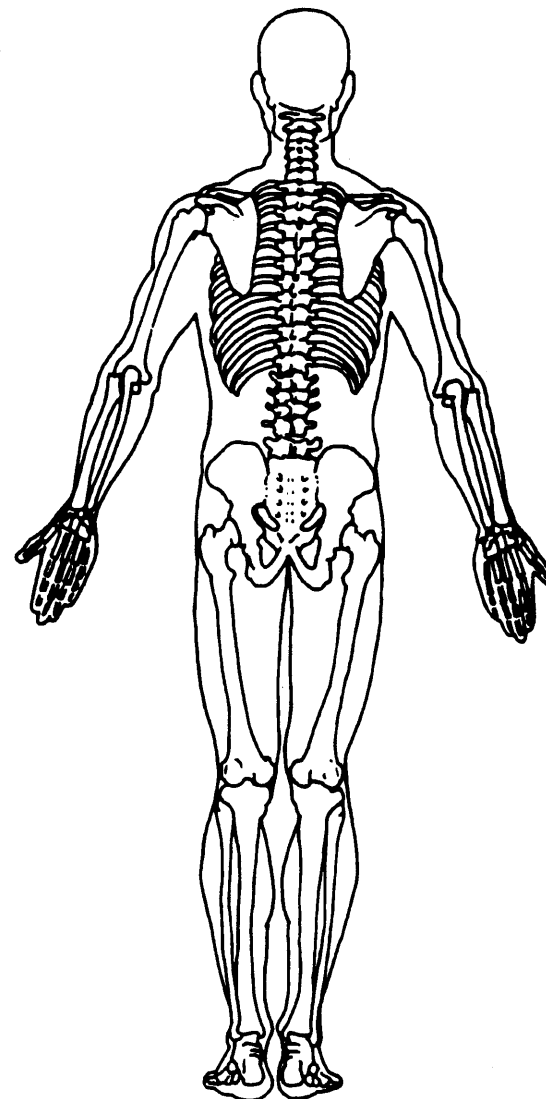
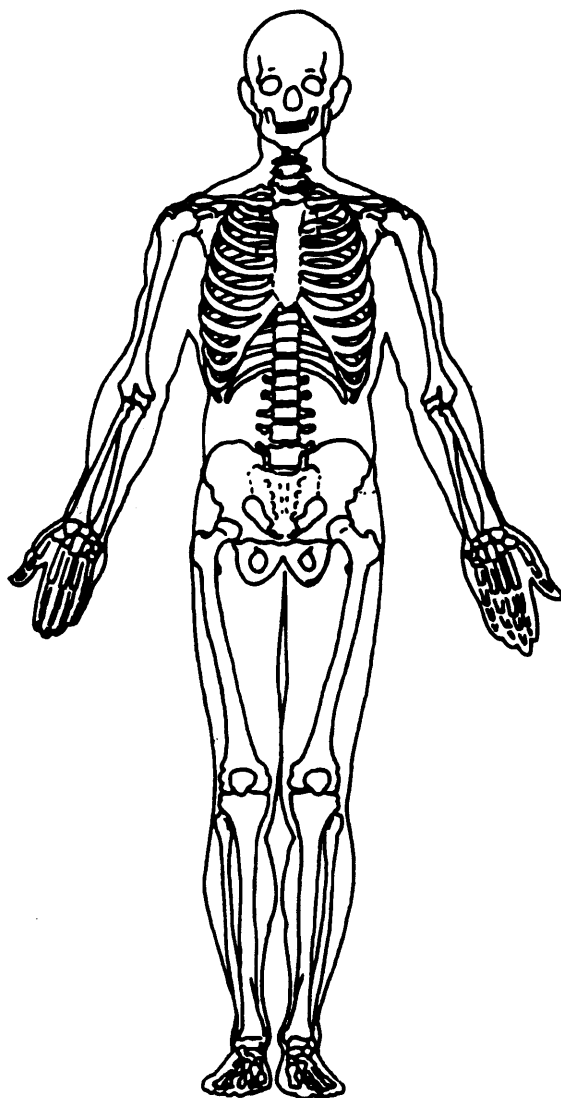
☐ No☐ YesBlood Alcohol  
Level (mg/dl)BAL =       

NOT RECORDED

Glasgow Coma  
Scale ScoreGCS = 15CNI ~~XII~~  
INTACTUnits of Blood  
GivenUnits =       Arterial Blood  
GasespH =       PO<sub>2</sub> =       PCO<sub>2</sub> =       HCO<sub>3</sub> =       

NOT RECORDED

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

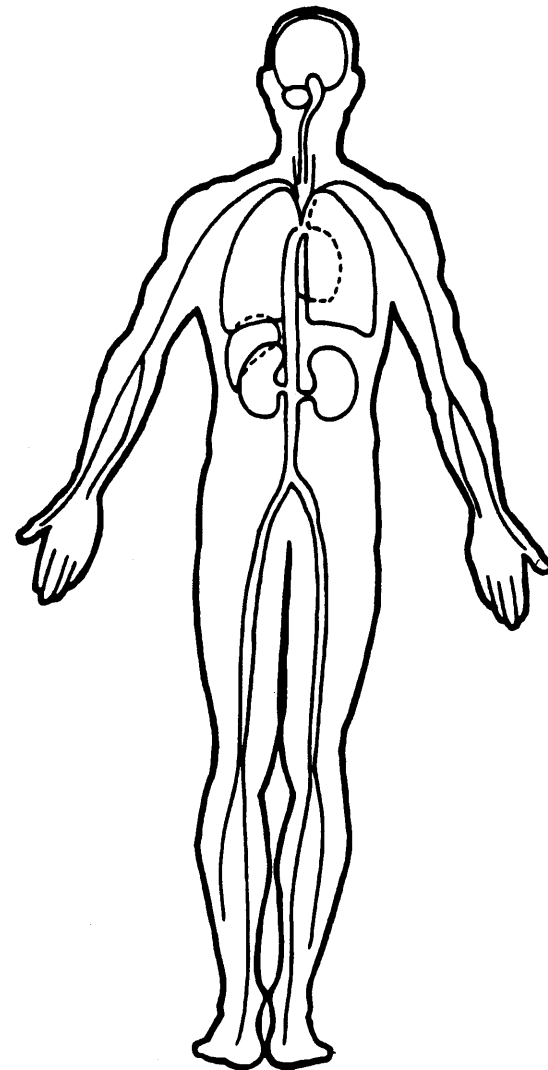
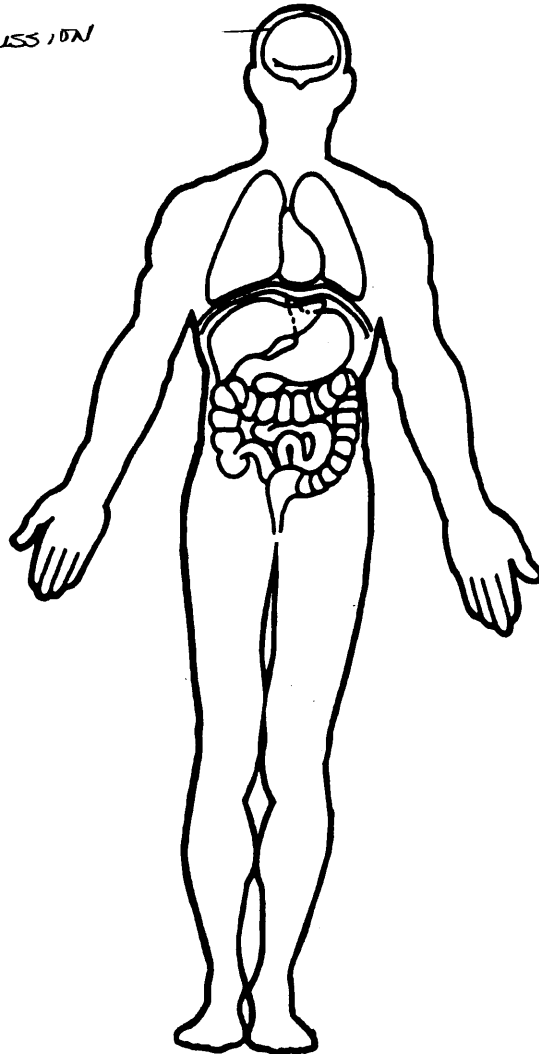


## OFFICIAL INJURY DATA — INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

ER: (+) LOSS of CONSCIOUSNESS UNKNOWN PERIOD

ER: CONCUSSION





U.S. Department of Transportation  
National Highway Traffic Safety  
Administration

## OCCUPANT ASSESSMENT FORM

BEST AVAILABLE

Form Approved  
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

2. Case Number - Stratum

3. Vehicle Number

4. Occupant Number

### OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

(1) Male

(2) Female

(9) Unknown

7. Occupant's Height

Code actual height to the nearest  
centimeter.

(999) Unknown

\_\_\_\_\_ inches X 2.54 = \_\_\_\_\_ centimeters

8. Occupant's Weight

Code actual weight to the nearest  
kilogram.

(999) Unknown

\_\_\_\_\_ pounds X .4536 = \_\_\_\_\_ kilograms

9. Occupant's Role

(1) Driver

(2) Passenger

(9) Unknown

### OCCUPANT'S SEATING

10. Occupant's Seat Position

*Front Seat*

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify): \_\_\_\_\_

(15) On or in the lap of another occupant

*Second Seat*

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify): \_\_\_\_\_

(25) On or in the lap of another occupant

*Third Seat*

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify): \_\_\_\_\_

(35) On or in the lap of another occupant

*Fourth Seat*

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify): \_\_\_\_\_

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify): \_\_\_\_\_

(99) Unknown

11. Occupant's Posture

(0) Normal posture

*Abnormal posture*

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another  
occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front  
of seat

(8) Other abnormal posture (specify): \_\_\_\_\_

(9) Unknown

## EJECTION/ENTRAPMENT

12. Ejection 0

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area 0

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)  
(specify): \_\_\_\_\_
- (9) Unknown

14. Ejection Medium 0

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): \_\_\_\_\_
- (5) Integral structure
- (8) Other medium (specify): \_\_\_\_\_
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) 0

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment 0

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown

## RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

*Integral Belt Partially Destroyed*

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

18. Manual (Active) Belt System Use 00

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): \_\_\_\_\_

- (02) Shoulder belt \_\_\_\_\_
- (03) Lap belt \_\_\_\_\_
- (04) Lap and shoulder belt \_\_\_\_\_
- (05) Belt used—type unknown \_\_\_\_\_
- (08) Other belt used (specify): \_\_\_\_\_

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat—type unknown
- (18) Other belt used with child safety seat (specify): \_\_\_\_\_
- (99) Unknown if belt used \_\_\_\_\_

19. Proper Use of Manual (Active) Belts 0

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

*Belt Used Improperly*

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): \_\_\_\_\_

(8) Other improper use of manual belt system (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

20. Manual (Active) Belt Failure Modes During Accident 0

- (0) No manual belt used
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): \_\_\_\_\_

(6) Broken retractor \_\_\_\_\_

(7) Combination of above (specify): \_\_\_\_\_

(8) Other manual belt failure (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

21. Air Bag System Availability/Function 0

- (0) Not equipped/not available
- (1) Air bag

*Non-functional*

(2) Air bag disconnected (specify): \_\_\_\_\_

(3) Air bag not reinstalled \_\_\_\_\_

(9) Unknown \_\_\_\_\_

22. Air Bag System Deployment 0

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

23. Are There Indications of Air Bag System Failure? 0

- (0) Not equipped/not available

(1) No

(2) Yes (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

Note: See Variables 44 through 48 (Page 5)  
for information on Automatic Belts

24. Police Reported Restraint Use 9

- (0) None used
- (1) Police did not indicate restraint use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Other or automatic restraint (specify): \_\_\_\_\_

(8) Restrained, type unknown \_\_\_\_\_

(9) Police indicated "unknown"

## HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant  
at This Occupant Position3

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify): \_\_\_\_\_
- (9) Unknown

## 26. Seat Type (this Occupant Position)

0 2

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): \_\_\_\_\_
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

## 27. Seat Performance (this Occupant Position)

1

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): \_\_\_\_\_
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): \_\_\_\_\_
- (7) Combination of above (specify): \_\_\_\_\_
- (8) Other (specify): \_\_\_\_\_
- (9) Unknown



## CHILD SAFETY SEAT

28. Child Safety Seat Make/Model 000

(000) No child safety seat

Applicable codes are found in your NASS CDS  
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):  
\_\_\_\_\_

(998) Unknown make/model

(999) Unknown if child safety seat used

29. Type of Child Safety Seat 0

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat

(7) Other type child safety seat (specify):  
\_\_\_\_\_

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

30. Child Safety Seat Orientation 00

(00) No child safety seat

*Designed for Rear Facing for This Age/Weight*

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):  
\_\_\_\_\_

(09) Unknown orientation

*Designed For Forward Facing for This Age/Weight*

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):  
\_\_\_\_\_

(19) Unknown orientation

*Unknown Design or Orientation For This  
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):  
\_\_\_\_\_

(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage 0032. Child Safety Seat Shield Usage 0033. Child Safety Seat Tether Usage 00Note: Options below applicable to  
Variables OA31-OA33.

(00) No child safety seat

*Not Designed With Harness/Shield/Tether*(01) After market harness/shield/tether  
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market  
harness/shield/tether added(09) Unknown if harness/shield/tether  
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

*Unknown If Designed With Harness/Shield/Tether*

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

**INJURY CONSEQUENCES**34. Injury Severity (Police Rating) 1

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment - Mortality 9

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

*Nonfatal*

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (8) Treatment - other (specify):
- (9) Unknown

36. Type Of Medical Facility (for Initial Treatment) 9

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):
- (9) Unknown

37. Hospital Stay 99

- (00) Not Hospitalized
- Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

38. Working Days Lost 99

- Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

**STOP - GO TO VARIABLE 44 ON PAGE 7****VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER**39. Time to Death 00

- Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
- (00) Not fatal
- (96) Fatal - ruled disease
- (99) Unknown

40. 1st Medically Reported Cause of Death 0041. 2nd Medically Reported Cause of Death 0042. 3rd Medically Reported Cause of Death 00

- Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
- (00) Not fatal or no additional causes
- (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

- (97) Other result (includes fatal ruled disease) (specify):

- (99) Unknown

43. Number of Recorded Injuries for This Occupant 97

- Code the actual number of injuries recorded for this occupant.
- (00) No recorded injuries
- (97) Injured, details unknown
- (99) Unknown if injured

**AUTOMATIC BELT SYSTEM****44. Automatic (Passive) Belt System Availability/Function**

- (0) Not equipped/not available  
 (1) 2 point automatic belts  
 (2) 3 point automatic belts  
 (3) Automatic belts - type unknown

*Non-functional*

- (4) Automatic belts destroyed or rendered inoperative  
 (9) Unknown

**45. Automatic (Passive) Belt System Use**

- (0) Not equipped/not available/destroyed or rendered inoperative  
 (1) Automatic belt in use  
 (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):  
 (3) Automatic belt use unknown  
 (9) Unknown

**46. Automatic (Passive) Belt System Type**

- (0) Not equipped/not available  
 (1) Non-motorized system  
 (2) Motorized system  
 (9) Unknown

**47. Proper Use of Automatic (Passive) Belt System**

- (0) Not equipped/not available/not used  
 (1) Automatic belt used properly  
 (2) Automatic belt used properly with child safety seat

*Automatic Belt Used Improperly*

- (3) Automatic shoulder belt worn under arm  
 (4) Automatic shoulder belt worn behind back  
 (5) Automatic belt worn around more than one person  
 (6) Lap portion of automatic belt worn on abdomen  
 (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):  
 (8) Other improper use of automatic belt system (specify):  
 (9) Unknown

**48. Automatic (Passive) Belt Failure Modes During Accident**

- (0) Not equipped/not available/not in use  
 (1) No automatic belt failure(s)  
 (2) Torn webbing (stretched webbing not included)  
 (3) Broken buckle or latchplate  
 (4) Upper anchorage separated  
 (5) Other anchorage separated (specify):  
 (6) Broken retractor  
 (7) Combination of above (specify):  
 (8) Other automatic belt failure (specify):  
 (9) Unknown

**49. Seat Orientation (this Occupant Position)**

- (0) Occupant not seated or no seat  
 (1) Forward facing seat  
 (2) Rear facing seat  
 (3) Side facing seat (inward)  
 (4) Side facing seat (outward)  
 (8) Other (specify):  
 (9) Unknown

**Check the Primary Source Used In Determining Belt Use.**

- [ ] Not equipped/not available/destroyed or rendered inoperative  
☒ Vehicle inspection  
 [ ] Official injury data  
 [ ] Driver/occupant interview  
 [ ] Other (specify):  
 [ ] Unknown if belt used

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO ☒ YES [ ]

UPDATE CANDIDATE?

NO [ ] YES ☒

**STOP - VARIABLES 50 THROUGH 53 ARE  
COMPLETED BY THE ZONE CENTER****TRAUMA DATA**

50. Glasgow Coma Scale (GCS) Score 97  
(at Medical Facility)  
(00) Not injured  
(01) Injured - not treated at medical facility  
(02) No GCS Score at medical facility  
(03-15) Code the actual value of the  
initial GCS Score recorded at medical  
facility.  
(97) Injured, details unknown  
(99) Unknown if injured

51. Was the Occupant Given Blood? 9  
(1) No - blood not given  
(2) Yes - blood given  
(specify units): \_\_\_\_\_  
(9) Unknown if blood given

52. Arterial Blood Gases (ABG) -  $\text{HCO}_3$  97  
(00) Not injured  
(01) Injured, ABGs not measured or reported  
(02-50) Code the actual value of the  $\text{HCO}_3$   
(96) ABGs reported,  $\text{HCO}_3$  unknown  
(97) Injured, details unknown  
(99) Unknown if injured

**BELT USE DETERMINATION**

53. Primary Source of Belt Use Determination 1  
(0) Not equipped/not available/destroyed  
or rendered inoperative  
(1) Vehicle inspection  
(2) Official injury data  
(3) Driver/occupant interview  
(8) Other (specify): \_\_\_\_\_  
(9) Unknown if belt used

PSU NUMBER	<u>08</u>
CASE NUMBER	<u>130F</u>
VEHICLE NUMBER	<u>01</u>
OCCUPANT NUMBER	<u>02</u>

# OCCUPANT INJURY FORM

*THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:*

☒ ENTIRE FORM

☐ PAGE NUMBER (S) \_\_\_\_\_



U.S. Department of Transportation  
National Highway Traffic Safety  
Administration

## OCCUPANT ASSESSMENT FORM

BEST AVAILABLE

Form Approved  
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

OCCUPANT'S SEATING	
1. Primary Sampling Unit Number <u>08</u>	10. Occupant's Seat Position <u>21</u>
2. Case Number - Stratum <u>130F</u>	<i>Front Seat</i>
3. Vehicle Number <u>01</u>	(11) Left side
4. Occupant Number <u>03</u>	(12) Middle
(13) Right side	
(14) Other (specify): _____	
(15) On or in the lap of another occupant	
<i>Second Seat</i>	
(21) Left side	
(22) Middle	
(23) Right side	
(24) Other (specify): _____	
(25) On or in the lap of another occupant	
<i>Third Seat</i>	
(31) Left side	
(32) Middle	
(33) Right side	
(34) Other (specify): _____	
(35) On or in the lap of another occupant	
<i>Fourth Seat</i>	
(41) Left side	
(42) Middle	
(43) Right side	
(44) Other (specify): _____	
(45) On or in the lap of another occupant	
(97) In or on unenclosed area	
(98) Other seat (specify): _____	
(99) Unknown	
11. Occupant's Posture <u>9</u>	
(0) Normal posture	
<i>Abnormal posture</i>	
(1) Kneeling or standing on seat	
(2) Lying on or across seat	
(3) Kneeling, standing or sitting in front of seat	
(4) Sitting sideways or turned to talk with another occupant or to look out a rear window	
(5) Sitting on a console	
(6) Lying back in a reclined seat position	
(7) Bracing with feet or hands on a surface in front of seat	
(8) Other abnormal posture (specify): _____	
(9) Unknown	

OCCUPANT'S CHARACTERISTICS	
5. Occupant's Age <u>30</u>	
Code actual age at time of accident.	
(00) Less than one year old (specify by month): _____	
(97) 97 years and older	
(99) Unknown	
6. Occupant's Sex <u>1</u>	
(1) Male	
(2) Female	
(9) Unknown	
7. Occupant's Height <u>999</u>	
Code actual height to the nearest centimeter.	
(999) Unknown	
_____ inches X 2.54 = _____ centimeters	
8. Occupant's Weight <u>999</u>	
Code actual weight to the nearest kilogram.	
(999) Unknown	
_____ pounds X .4536 = _____ kilograms	
9. Occupant's Role <u>2</u>	
(1) Driver	
(2) Passenger	
(9) Unknown	

## EJECTION/ENTRAPMENT

12. Ejection 0

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area 0

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)  
(specify): \_\_\_\_\_
- (9) Unknown

14. Ejection Medium 0

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): \_\_\_\_\_
- (5) Integral structure
- (8) Other medium (specify): \_\_\_\_\_
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) 6

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment 0

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown

## RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability 3

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

*Integral Belt Partially Destroyed*

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): \_\_\_\_\_

(9) Unknown

18. Manual (Active) Belt System Use 0 0

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): \_\_\_\_\_

(02) Shoulder belt

(03) Lap belt

(04) Lap and shoulder belt

(05) Belt used—type unknown

(08) Other belt used (specify): \_\_\_\_\_

(12) Shoulder belt used with child safety seat

(13) Lap belt used with child safety seat

(14) Lap and shoulder belt used with child safety seat

(15) Belt used with child safety seat—type unknown

(18) Other belt used with child safety seat (specify): \_\_\_\_\_

(99) Unknown if belt used

19. Proper Use of Manual (Active) Belts 0

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

*Belt Used Improperly*

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): \_\_\_\_\_

(8) Other improper use of manual belt system (specify): \_\_\_\_\_

(9) Unknown

20. Manual (Active) Belt Failure Modes During Accident 6

- (0) No manual belt used
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): \_\_\_\_\_

(6) Broken retractor

(7) Combination of above (specify): \_\_\_\_\_

(8) Other manual belt failure (specify): \_\_\_\_\_

(9) Unknown

21. Air Bag System Availability/Function 0

- (0) Not equipped/not available
- (1) Air bag

*Non-functional*

(2) Air bag disconnected (specify): \_\_\_\_\_

(3) Air bag not reinstalled

(9) Unknown

22. Air Bag System Deployment 0

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

23. Are There Indications of Air Bag System Failure? 0

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): \_\_\_\_\_

(9) Unknown

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use 9

- (0) None used
- (1) Police did not indicate restraint use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Other or automatic restraint (specify): \_\_\_\_\_
- (8) Restrained, type unknown
- (9) Police indicated "unknown"



## HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant at This Occupant Position 0

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify): \_\_\_\_\_
- (9) Unknown \_\_\_\_\_

26. Seat Type (this Occupant Position) 05

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): \_\_\_\_\_
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

27. Seat Performance (this Occupant Position) 8

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): \_\_\_\_\_
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): \_\_\_\_\_

(7) Combination of above (specify): \_\_\_\_\_

(8) Other (specify): \_\_\_\_\_

HINGE FOR RIGHT REAR FOLDING SEAT BACK DETACHED

(9) Unknown

## CHILD SAFETY SEAT

28. Child Safety Seat Make/Model 000  
 (000) No child safety seat  
 Applicable codes are found in your NASS CDS  
 Data Collection, Coding and Editing  
 (950) Built-in child safety seat  
 (997) Other make/model (specify): \_\_\_\_\_

(998) Unknown make/model  
 (999) Unknown if child safety seat used

29. Type of Child Safety Seat 0  
 (0) No child safety seat  
 (1) Infant seat  
 (2) Toddler seat  
 (3) Convertible seat  
 (4) Booster seat  
 (7) Other type child safety seat (specify): \_\_\_\_\_  
 (8) Unknown child safety seat type  
 (9) Unknown if child safety seat used

30. Child Safety Seat Orientation 00  
 (00) No child safety seat  
  
*Designed for Rear Facing for This Age/Weight*  
 (01) Rear facing  
 (02) Forward facing  
 (08) Other orientation (specify): \_\_\_\_\_  
 (09) Unknown orientation  
  
*Designed For Forward Facing for This Age/Weight*  
 (11) Rear facing  
 (12) Forward facing  
 (18) Other orientation (specify): \_\_\_\_\_  
 (19) Unknown orientation

*Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight*  
 (21) Rear facing  
 (22) Forward facing  
 (28) Other orientation (specify): \_\_\_\_\_

(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage 00

32. Child Safety Seat Shield Usage 00

33. Child Safety Seat Tether Usage 00

Note: Options below applicable to  
 Variables OA31-OA33.

(00) No child safety seat

*Not Designed With Harness/Shield/Tether*

(01) After market harness/shield/tether  
 added, not used  
 (02) After market harness/shield/tether used  
 (03) Child safety seat used, but no after market  
 harness/shield/tether added  
 (09) Unknown if harness/shield/tether  
 added or used

*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used  
 (12) Harness/shield/tether used  
 (19) Unknown if harness/shield/tether used

*Unknown If Designed With Harness/Shield/Tether*

(21) Harness/shield/tether not used  
 (22) Harness/shield/tether used  
 (29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

## INJURY CONSEQUENCES

34. Injury Severity (Police Rating) 0

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment - Mortality 0

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

*Nonfatal*

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (8) Treatment - other (specify):
- (9) Unknown

36. Type Of Medical Facility (for Initial Treatment) 0

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):
- (9) Unknown

37. Hospital Stay 00

- (00) Not Hospitalized
- Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

38. Working Days Lost 99

- Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

## STOP - GO TO VARIABLE 44 ON PAGE 7

## VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER

39. Time to Death 00

- Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
- (00) Not fatal
- (96) Fatal - ruled disease
- (99) Unknown

40. 1st Medically Reported Cause of Death 0041. 2nd Medically Reported Cause of Death 0042. 3rd Medically Reported Cause of Death 00

- Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
- (00) Not fatal or no additional causes
- (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

- (97) Other result (includes fatal ruled disease) (specify):

- (99) Unknown

43. Number of Recorded Injuries for This Occupant 00

- Code the actual number of injuries recorded for this occupant.
- (00) No recorded injuries
- (97) Injured, details unknown
- (99) Unknown if injured

**AUTOMATIC BELT SYSTEM****44. Automatic (Passive) Belt System Availability/Function**

- (0) Not equipped/not available  
 (1) 2 point automatic belts  
 (2) 3 point automatic belts  
 (3) Automatic belts - type unknown

*Non-functional*

- (4) Automatic belts destroyed or rendered inoperative  
 (9) Unknown

**45. Automatic (Passive) Belt System Use**

- (0) Not equipped/not available/destroyed or rendered inoperative  
 (1) Automatic belt in use  
 (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):  
 (3) Automatic belt use unknown  
 (9) Unknown

**46. Automatic (Passive) Belt System Type**

- (0) Not equipped/not available  
 (1) Non-motorized system  
 (2) Motorized system  
 (9) Unknown

**47. Proper Use of Automatic (Passive) Belt System**

- (0) Not equipped/not available/not used  
 (1) Automatic belt used properly  
 (2) Automatic belt used properly with child safety seat

*Automatic Belt Used Improperly*

- (3) Automatic shoulder belt worn under arm  
 (4) Automatic shoulder belt worn behind back  
 (5) Automatic belt worn around more than one person  
 (6) Lap portion of automatic belt worn on abdomen  
 (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):  
 (8) Other improper use of automatic belt system (specify):  
 (9) Unknown

**48. Automatic (Passive) Belt Failure Modes During Accident**

- (0) Not equipped/not available/not in use  
 (1) No automatic belt failure(s)  
 (2) Torn webbing (stretched webbing not included)  
 (3) Broken buckle or latchplate  
 (4) Upper anchorage separated  
 (5) Other anchorage separated (specify):  
 (6) Broken retractor  
 (7) Combination of above (specify):  
 (8) Other automatic belt failure (specify):  
 (9) Unknown

**49. Seat Orientation (this Occupant Position)**

- (0) Occupant not seated or no seat  
 (1) Forward facing seat  
 (2) Rear facing seat  
 (3) Side facing seat (inward)  
 (4) Side facing seat (outward)  
 (8) Other (specify):  
 (9) Unknown

**Check the Primary Source Used In Determining Belt Use.**

- [ ] Not equipped/not available/destroyed or rendered inoperative  
 [X] Vehicle inspection  
 [ ] Official injury data  
 [ ] Driver/occupant interview  
 [ ] Other (specify):  
 [ ] Unknown if belt used

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO [ ] YES [X]

UPDATE CANDIDATE?

NO [X] YES [ ]

**STOP - VARIABLES 50 THROUGH 53 ARE  
COMPLETED BY THE ZONE CENTER****TRAUMA DATA**

50. Glasgow Coma Scale (GCS) Score 00  
(at Medical Facility)  
(00) Not injured  
(01) Injured - not treated at medical facility  
(02) No GCS Score at medical facility  
(03-15) Code the actual value of the  
initial GCS Score recorded at medical  
facility.  
(97) Injured, details unknown  
(99) Unknown if injured

51. Was the Occupant Given Blood? 1  
(1) No - blood not given  
(2) Yes - blood given  
(specify units): \_\_\_\_\_  
(9) Unknown if blood given

52. Arterial Blood Gases (ABG) -  $\text{HCO}_3$  00  
(00) Not injured  
(01) Injured, ABGs not measured or reported  
(02-50) Code the actual value of the  $\text{HCO}_3$   
(96) ABGs reported,  $\text{HCO}_3$  unknown  
(97) Injured, details unknown  
(99) Unknown if injured

**BELT USE DETERMINATION**

53. Primary Source of Belt Use Determination 1  
(0) Not equipped/not available/destroyed  
or rendered inoperative  
(1) Vehicle inspection  
(2) Official injury data  
(3) Driver/occupant interview  
(8) Other (specify): \_\_\_\_\_  
(9) Unknown if belt used

PSU NUMBER

08

CASE NUMBER

130F

VEHICLE NUMBER

01

OCCUPANT NUMBER

03

# OCCUPANT INJURY FORM

*THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:*

☒ ENTIRE FORM

☐ PAGE NUMBER (S) \_\_\_\_\_

```

08130F00000011      947.00000000000000105400000001      94      94      94      94019005000
014722000279792
08130F00010012      947.00100000000000101T3100N
08130F01000021      7.00 0000000000875703103VX1BA1212HK      19991950569998103030
8300000002009979975999 999 99999999010
08130F01000022      7.00 00000000010000000000000000000000      90313182130699
08130F01000031      7.00 000000000013100TYD003
                                01215000106050101001000
08130F01000041      7.00 000000000123300100000466880800000000001220000013200000
08130F01000042      7.00 000000000111521131521121211221211
                                1
                                0000047988
08130F01010051      7.00 00000000039199999911190000040000000930210000000000000242
009900000000002000001151011
08130F01010161      7.00 000000000329040217502101
08130F01010261      7.00 000000000316040620502101
08130F01020051      7.00 00000000029199999921390000040000000930210000000000000199
999900000000097000001979971
08130F01030051      7.00 0000000003019999992219000003000000090058000000000000000
009900000000000000001001001
08130F999999990000000000000000000000000000000000000000000000000000000000000000
000000000000000

```

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PSU08                                ERROR SUMMARY SCREEN                                94
CASE 130F
CURRENT VERSION: 7.00

```

FORM NAME	NUMBER OF DOLLAR SIGNS	NUMBER OF LEVEL 1 ERRORS	NUMBER OF LEVEL 2 ERRORS	VERSION NUMBER CONSISTENT
Accident	0	0	0	Y
General Vehicle	0	0	0	Y
Vehicle Exterior	0	0	0	Y
Vehicle Interior	0	0	0	Y
Occupant Assessment	0	0	0	Y
Occupant Interior	0	0	0	Y
Total Inter Errors		0	0	
Total Case Errors	0	0	0	

## SLIDE INDEX

**NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM**

[illegible]



[illegible]



PSU 08-130F (1994) #1



PSU 08-130F (1994) #2



PSU 08-130F (1994) #3



PSU08-130F (1994) #4



PSU 08-130F (1994) #5



PSU 06-130F (1994) #6



PSU 08-130F (1994) #7





PSU 08-130F (1994) #8



PSU 08-130F (1994) #9



PSU 08-130F (1994) #10



PSU 08-130F (1994) #11



PSU 08-130F (1994) #12



PSU 08-130F (1994) #13



PSU 08-130F (1994) #14



PSU 08-130F (1994) #15





PSU 08-130F (1994) #16



PSU 08-130F (1994) #17



PSU 08-130F (1994) #18



PSU 08-130F (1994) #19



**PSU 08-130F (1994) #20**  
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PSU 08-130F (1994) #21



**PSU 08-130F (1994) #22**  
**Best Available**



**PSU 08-130F (1994) #23**  
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PSU 08-130F (1994) #24



**PSU 08-130F (1994) #25**  
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PSU 08-130F (1994) #36



PSU 08-130F (1994) #37



PSU 08-130F (1994) #38



PSU 08-130F (1994) #39





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PSU 08-130F (1994) #42  
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PSU 08-130F (1994) #43



**PSU 08-130F (1994) #44**



PSU 08-130F (1994) #45



PSU 08-130F (1994) #46



PSU 08-130F (1994) #47





PSU 08-130F (1994) #48  
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PSU 08-130F (1994) #49



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**PSU 08-130F (1994) #52**  
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PSU 08-130F (1994) #53



PSU 08-130F (1994) #54



PSU 08-130F (1994) #55





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PSU 08-130F (1994) #57



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PSU 08-130F (1994) #68



PSU 08-130F (1994) #69



PSU 08-130F (1994) #70



PSU 08-130F (1994) #71